



## CONSENT FOR RELEASE OF INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

                    Last                      First                      Middle

TC Student ID#: \_\_\_\_\_

Maiden Name or Other Name Used \_\_\_\_\_

  Last                      First                      Middle

I, the undersigned, in accordance with the Federal Family Educational Rights and Privacy Act of 1974 guidelines and Education Code section 76242, authorize the West Kern Community College District to release the following information from my college records:

- |                                    |  |
|------------------------------------|--|
| _____ Financial Aid Records        | _____ Educational Plan                     |
| _____ Financial Records            | _____ GED Information                      |
| _____ Admissions/Residency Info.   | _____ Placement Information                |
| _____ Class Schedule               | _____ Medical and/or Insurance Information |
| _____ Transcripts/Academic Records | _____ Other (specify): _____               |
| _____ Progress Report              |  |

The following individual(s)/Department(s) may have access to the released information:

\_\_\_\_\_  
Print Name/Dept.

\_\_\_\_\_  
Print Name/Dept.

\_\_\_\_\_  
Print Name/Dept.

\_\_\_\_\_  
Print Name/Dept.

**This authorization shall remain in effect during my enrollment or until revoked in writing.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**IMPORTANT:** You must bring a signed form in person with original signature and a government issued photo identification card to Taft College for processing. Scanned or faxed requests **will not** be accepted. A fully executed notarized form may be mailed to:

Taft College-Student Services Department  
29 Cougar Court  
Taft, CA 93268