



COMPTON COLLEGE

Admissions and Records Office

Student Release of Information Form

Name of Student: _____ Academic Year: _____

Student ID : _____ Date of Birth: _____

I, _____, allow the following information to be release to the person(s) listed below: (must initial item(s) student allows to be released)

- Registration Schedule, Residency, Grades, Official Transcripts, Verification Letter/Proof of Enrollment, Other

The above selected information may be released to: (must present picture ID when picking up information)

- 1. Name: _____
2. Name: _____
3. Name: _____

@ _____ I acknowledge that I must notify the Admissions and Records Office in writing with verification of signature, or in person with valid picture identification when I wish to terminate this release.

Signature _____ Date _____

OR

State of _____ County of _____

On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the instrument within, and acknowledged that the person executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public

Official Use Only

A&R Staff _____ Date _____ Academic Year _____