

**CUYAMACA COLLEGE**  
**AUTHORIZATION TO RELEASE INFORMATION**

International Students

Please Print

Name \_\_\_\_\_ I.D. No. # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Semester: Fall  Spring  Summer  Year \_\_\_\_\_

Every Semester

Request:  Letter  Transcript  Fee Statement

Please give detail of what should be included: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information will be:  Picked up  Mailed to address above  Mailed to address below  
 Mailed to Sponsor

Mail to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other than yourself, to whom should the information be released to:

Sponsor \_\_\_\_\_  
Agency

Parents \_\_\_\_\_  
Names

Other \_\_\_\_\_

I hereby authorize the International Student Office of Cuyamaca College to transmit any information regarding my academic record or other data requested by the agency, company, or person indicated above.

Student's Signature: X \_\_\_\_\_ Date \_\_\_\_\_