

CUYAMACA COLLEGE
AUTHORIZATION TO RELEASE INFORMATION

Name _____ Student ID # _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

Date of Birth _____ Semester: ☐ Fall ☐ Spring ☐ Summer Year _____

Request: ☐ Letter ☐ Form Total number requested: _____ (\$3 each - No charge for student loan deferments or cross-enrollment forms)

Please give details of what should be included in the letter: _____

(continue on back)

Information will be: ☐ Picked up ☐ Mailed to home address ☐ Mailed to address below

Mail to: _____

Address: _____

I hereby authorize the officials 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:** _____

Amount Due _____ Date Rcvd _____ By _____ Date Sent _____ By _____

☐ **RUSH** Amount Paid _____ Date Paid _____ By _____

(\$5.00 each-48 hour processing time)