



C U Y A M A C A
 · C O L L E G E ·
 L E A R N I N G F O R
 T H E F U T U R E

AUTHORIZATION TO RELEASE EDUCATION RECORD

General Release

Name of Student: _____ Student ID # _____

I, the undersigned, hereby authorize Cuyamaca College to release the following particular educational records and information (identify specific records or types of records):

To: _____
 (Name and Address of Person/Agency to Receive Information)

For the purpose of: _____

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to Cuyamaca College, but that any such revocation shall not affect disclosure previously made by Cuyamaca College prior to the receipt of any such written revocation.

Signature: _____ Print Name: _____

Address: _____

Phone No: _____ Date: _____

Please complete, sign, and submit this form in person with proper photo ID to the Admissions & Records Office

THIS INFORMATION IS BEING RELEASE SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.

Admissions & Records Office

900 Rancho San Diego Parkway, El Cajon, CA 92019-4369 619-660-4275 Fax 619-660-4575 www.cuyamaca.edu