



Student Success Services * 18345 Campus Way NE * Bothell, WA 98011 *(425) 352-8860

RELEASE OF INFORMATION FORM/DO NOT RELEASE INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	
STUDENT ID #		BIRTHDATE			
DAY PHONE	() -	EVENING PHONE	() -		
MAILING ADDRESS					
CITY		STATE		ZIP CODE	

RECORD AND AUTHORIZATION INFORMATION

Privacy Notice: Cascadia complies with the Family Educational Rights and Privacy Act (FERPA) of 1974. See Cascadia's Catalog (p.83) <http://www.cascadia.edu/schedules> for additional information.

INFORMATION CAN INCLUDE *(Please check each box that applies for your information to be released.)*

<input type="checkbox"/>	Academic Transcript Records Records include transcripts, admissions & registration information, schedule information, Satisfactory Academic Progress status, residency information and any other documentation contained in the academic records.
<input type="checkbox"/>	Financial Aid Records Records include status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the application or financial aid file.
<input type="checkbox"/>	COMPASS Test Scores
<input type="checkbox"/>	Disability Support Services Related Information
<input type="checkbox"/>	International Student Records Records include Immigration and Customs Enforcement information.
<input type="checkbox"/>	Other Information: (Please specify) _____ _____ _____
<input type="checkbox"/>	DO NOT RELEASE ANY INFORMATION TO:
<input type="checkbox"/>	Solomon Amendment Under Public Law 104.208 Cascadia is directed by the federal government to provide the armed forces such information as name, address, and telephone number, date of birth, level of education, major and/or degrees and prior military experience for all students. I understand that when I select to opt out of releasing my information from the Solomon Amendment, I am also opting out of release of information for career center information and opting out of having my name printed in the graduation ceremony name book, etc.

AUTHORIZED PERSON(S)

1.	
2.	
3.	
4.	

I, _____ (name), give Cascadia Community College my permission to release information to the authorized person(s) as specified above. I understand that this Release of Information is valid until I withdraw the Release in writing or I graduate from Cascadia. I understand that the Release of Information does not allow information to be released over the phone. The authorized person(s) must come in to Kodiak Corner with photo ID for any release of information. I also understand this Release of Information does **NOT** allow, authorize or enable any changes to my student record.

NOTE: This form is only valid when submitted in person with photo ID at the front counter in Kodiak Corner.

STUDENT SIGNATURE	X	DATE	
BELOW IS FOR OFFICE USE ONLY			
ES RECVD		DATE	