

CONSENT FOR DISCLOSURE OF STUDENT RECORDS

(General Release-One Academic Year)



Tillamook Bay Community College (TBCC) shall follow all applicable federal and state laws (FERPA), rules and regulations and college policies which apply to student records. All information contained in the college records which is personally identifiable to any student and has not been defined as "Directory Information", shall be kept confidential and not released except upon prior written consent of the student or upon the lawful subpoena or other order of the court of competent jurisdiction.

Student Information: Please print clearly TBCC ID or Social Security number: _____

Name: _____
Last Name
First Name MI

Mailing Address: _____
Street City State Zip

Email: _____

Specify year and term of information for release: Please mark all that apply.

- Current academic year Other year(s): (Specify year) _____
 Fall Winter Spring Summer

Specific records to be disclosed: Please mark all that apply.

- | | |
|---|--|
| <input type="checkbox"/> All Student Records | <input type="checkbox"/> Test Scores |
| <input type="checkbox"/> Personal Information: name, birthdate, address, etc... | <input type="checkbox"/> Character Reference |
| <input type="checkbox"/> Enrollment/Schedule | <input type="checkbox"/> Unofficial Transcripts/Official |
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Other: Please Specify _____ |
| <input type="checkbox"/> Financial Aid Records | |
| <input type="checkbox"/> Grades | |

Release Information To:

Person or Organization: _____

Last Name First Name MI
Address: _____ Street
City State Zip

Telephone Number: _____ E-mail: _____

Person or Organization: _____ Last

Name First Name MI
Address: _____ Street
City State Zip

Telephone Number: _____ E-mail: _____

I hereby authorize TBCC to release confidential information about me contained in the college's records. I agree to hold TBCC and its employees harmless for any unauthorized use of my student records obtained by the above named party(ies).

Student Signature: _____ Date: _____

***Requests are valid for one academic year (Summer through Spring) and MUST BE RENEWED ANNUALLY.**