Permission to Release Education Record Information
Office of Academic Records
PO Box 139 | Dryden, NY 13053-0139 | Phone: 607.844.6500 | FAX: 607.844.6550 | Email: acadrec@tompkinscortland.edu

Requested by (Student):

LAST NAME FIRST NAME EMAIL

STUDENT ID NUMBER STREET ADDRESS OR PO BOX

DATE CITY, STATE, ZIP

Release to (Recipient):

LAST NAME FIRST NAME EMAIL ADDRESS

ADDRESS CITY ST ZIP CODE

Education record information to be released (in written form only):

Please note: The Office of Academic Records does not retain financial, billing, health, or disciplinary records. Those records cannot be released by use of this form.

[ ] Class Schedule [ ] Enrollment Status
[ ] Early Progress Reports [ ] Academic Status
[ ] Final Grades *(not transcript)* [ ] Other (be specific)

Relationship to student/Purpose of information release to this recipient (be specific):

____________________________________________________________________________

I give permission for the Tompkins Cortland Community College Office of Academic Records to release the specified information to the recipient listed above. Request is valid until one year after end of continuous enrollment.

THIS FORM MUST BE SIGNED BY THE STUDENT ON CAMPUS IN THE PRESENCE OF A TOMPKINS CORTLAND COMMUNITY COLLEGE STAFF MEMBER OR PRESENTED WITH SIGNATURE AND SEAL OF A LICENSED NOTARY.

STUDENT SIGNATURE

Witness: Tompkins Cortland CC STAFF MEMBER OR NOTARY SIGNATURE

IN PERSON: SUBMIT TO ROOM 101, ENROLLMENT SERVICES CENTER