

Return to Student Records Office in person, by mail or fax 315-786-2349
Jules Center 6-024
Jefferson Community College
1220 Coffeen Street
Watertown, New York 13607

Authorization to Release Information

Student Name: _____ Student ID _____

I, hereby authorize Jefferson Community College and its employees, officers, and agents to release the identified information to the authorized recipients listed below.

Please initial each type of information to be released below.

Information type	Initial	Authorized Recipient(s) Full Name –Please Print
All Biographical Information: i.e.- date of birth, student ID,		
All Demographical Information: i.e.- ethnicity, address		
Academic information, including but not limited to class schedule, grades, academic progress.		
Disciplinary information		
Financial and accounting information, including but not limited to tuition, fees, account status and financial aid.		
Permission to discuss academic progress with recipient(s)		
Authorization to have above named request transcripts to be released to himself or to other institutions on my behalf.		
Other:		

In consideration of the request to release this information, I do hereby waive and release all claims and causes of action I now have or may have against Jefferson Community College, and all of its officers, and agents arising from such releases of information. This request supersedes any previous requests to not release information I may have made to the College.

Signature of Student: _____ Date: _____

This request for authorization to release information shall remain in effect until you officially sign below to revoke this authorization.

Student Signature to Revoke: _____

Effective Date to revoke authorization: _____

Updated 2/20/2008