



Authorization to Release Student Information

GENERAL INFORMATION

Forms may be emailed to ces@oaklandcc.edu; dropped off at any Enrollment Services office, or mailed to the address on the right. This form must be sent with a copy of a valid photo ID (driver's license, state ID card).

**Oakland Community College
Auburn Hills Campus, Building K
2900 Featherstone Road
Auburn Hills, MI 48326-2845**

STUDENT INFORMATION

Student ID Number and/or Last 4 Digits of SSN _____ Birth Date _____

Last Name _____ First Name _____ Middle Name _____

Former Name(s) (if applicable) _____

Street Address _____ City _____ State _____ Zip _____

Email Address _____ Phone # _____

REQUEST INFORMATION AND DELIVERY METHOD(S)

<p>CHECK ONE (in accordance with the Family Educational Rights and Privacy Act (FERPA) I authorize Oakland Community College to release or disclose the information from my student record to):</p> <p>Release information to myself</p> <p>Release information to another organization (such as a college, student loan lender, employer, or agency)</p> <p>Name of organization _____</p>	<p>INFORMATION TO BE RELEASED</p> <p>Confirmation of my enrollment in the college for _____ Semester.</p> <p>Include credit hours _____ Do not include credit hours _____</p> <p>Tuition and fees for _____ semester/year</p> <p>Completion of the attached form</p> <p>Other (please add "other" comments below)</p>
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DELIVERY METHODS

Mail to (address) _____

Fax to (fax number including area code) _____

Email to (email address) _____

SIGNATURE

Due to the Family Education Rights and Privacy Act (FERPA) of 1974, a student signature is required for release of student information.

Signature _____ Date _____

FOR OFFICE USE ONLY
Date and Processed by _____