



Student Records Release Request

 Student Name

 Student ID Number

PIN Number *(The PIN number will be used to verify the identity of the person whom the release was granted)* _____

Add Records Release Consent

I give Temple College permission to release the following records to the person (s) listed below until I revoke my consent in writing:

___ All records at Temple College (academic, disciplinary, financial, grades, registration, etc.)

Or just the following:

___ Transcript pick up only

___ Other – List: _____

The information indicated above may be released to:

Name (s): _____

Company: _____

 = Signature k

 Date

Cancel Records Release Consent

I revoke permission to release all records at Temple College, excluding directory information, to the person or persons listed below:

Name (s): _____

Company: _____

 = Signature k

 Date