



Admissions & Registration
 901 N Colombo Ave.
 Sierra Vista, AZ 85635-2317
 Phone: 800-593-9567

FOR OFFICE USE
EXPIRATION DATE _____
COPY FOR STUDENT _____
SGASTDN NOTES _____
DATE & INITIALS _____

AUTHORIZATION FOR RELEASE OF INFORMATION

<p>STUDENT INFORMATION</p> <p>STUDENT C # _____ PHONE _____</p> <p>LAST NAME _____ FIRST NAME _____ MI _____</p>
<p>INDIVIDUAL OR REPRESENTATIVE TO WHOM ACCESS IS GRANTED</p> <p>LAST NAME _____ FIRST NAME _____</p> <p>ADDRESS _____ CITY _____ STATE _____ ZIP _____</p> <p>RELATIONSHIP/ORGANIZATION _____</p>
<p>LAST NAME _____ FIRST NAME _____</p> <p>ADDRESS _____ CITY _____ STATE _____ ZIP _____</p> <p>RELATIONSHIP/ORGANIZATION _____</p>

LENGTH OF RELEASE

One time use: This authorization can be used only once.

One semester: This authorization will remain in effect through Term: _____ Year: _____

One year: This authorization will remain in effect unless I withdraw this authorization or for a **maximum of one year.**

PURPOSE FOR THE AUTHORIZATION FOR RELEASE OF INFORMATION:

Admissions & Records - Admissions application, grades, registration & schedule information, residency information, transcripts, student ID, and related information

Financial Aid - Financial Aid application documents, status, satisfactory academic progress, awards and related information

Student Finance - Student account invoices, statements, payments, charges, credits, tax forms (including 1098T), and related information

Counseling, Academic Advising, Testing & ADA Accessibility Services

Faculty - Letters of recommendation, grades, attendance, and related information

No limitation - share anything and everything

Other _____

I understand that my records are protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice to the Admissions and Registration office.

This form must be presented along with government issued photo ID and signed by the student in front of an authorized Cochise College employee.

Signature _____ Date _____