



COCHISE COLLEGE

Admissions and 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

STUDENT INFORMATION

| | | | |
|---------------|--------|--------|--|
| Student ID #: | | Phone: | |
| Last Name: | First: | M.I.: | |

THIRD-PARTY DESIGNEE INFORMATION (Individual or Agency to whom access is granted)

| | | |
|------------|--------|---------------|
| Agency: | | |
| Last Name: | First: | Relationship: |
| Address: | | |
| City: | State: | ZIP: |
| Last Name: | First: | Relationship: |
| Address: | | |
| City: | State: | ZIP: |

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 & Disability Support 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 _____