

Please provide the contact information for the previously stated persons to whom information can be released.

Name:..... Mailing Address: _____ Phone Number: (.....)..... Email:	Name:..... Mailing Address: _____ Phone Number: (.....)..... Email:
Name:..... Mailing Address: _____ Phone Number: (.....)..... Email:	Name:..... Mailing Address: _____ Phone Number: (.....)..... Email:

I acknowledge by my signature that I understand that, although I am not required to release my records, I am giving my consent to release the designated information to the above-named person(s). I understand that this release will remain in effect unless I revoke such consent in writing and the revocation is received and processed by Klamath Community College.

Student Signature

Date

Return to Enrollment Services	
Received By:.....	Date: