

must complete a separate form for said person.

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: _____