



Student Release of Information

Name	
SID#	Birthdate

I authorize Peninsula College to release my student information and/or records concerning my school progress as specified below:

Release to a specific person(s) or agency:

Name:	Birthdate or Agency (if applicable):
Name:	Birthdate or Agency (if applicable):
Name:	Birthdate or Agency (if applicable):

Release all of my student information to any request made.

Release student information as specified below:

Other information/directions (explain):

OR

I request that **no** directory information be released.

Students who wish to restrict directory information should realize that their names will not appear in the commencement bulletin and other college publications. Also, employers, credit card companies, loan agencies, scholarship committees and the like will be denied any of the student's directory information and will be informed that we have no information available about the student's attendance at Peninsula College.

I understand that in the future I may request, in writing, that the college discontinues any student information dissemination per the Privacy of Information Act.

Signature	Date
Expiration Date (if needed)	

For Internal Use Only	
<input type="checkbox"/> Submitted by student or <input type="checkbox"/> Confirmed with student	<input type="checkbox"/> Entered into SM5003 <input type="checkbox"/> Entered into SM4015 <input type="checkbox"/> * added to beginning of student's name for no directory release