Authorization for Release of Information

Dean of Students Office

Please use black or blue ink, NO PENCIL

CLAREMONT McKENNA COLLEGE

Website: https://www.cmc.edu

Email: deanofstudents@cmc.edu

Phone: 909-621-8114

_____   _____   _____
Student ID Number   **Net ID**   **Date**

_____
Last Name   **First Name**   **MI**

FOR PROCESSING, return form to: Dean of Students, Heggblade Center, 400 E. Ninth St. Claremont, CA 91711 in person or through official CMC email account **ONLY.**

CHECK ONE:

Consent for FULL ACCESS to education records maintained in the Dean of Students Office, including conduct and disciplinary records:

Consent for LIMITED ACCESS to education records maintained in the Dean of Students Office, including conduct and disciplinary records: (Below, please indicate the specific information that can be shared, i.e, specific case, finding sanction, etc.)

_____

_____

Purpose for the Authorization (Please explain):

_____

_____

_____

Provide full name and address of agent (individual (s) or agency) to whom access to records may be provided:

_____

_____

VALID FOR:

☐ One Time Use: This authorization can be used only once.

☐ Limited Use: This authorization expires on _____

☐ Long Term Use: This authorization will remain continuously in effect until I withdraw this authorization in writing or for a maximum of one year from the date on this form.

I understand that some of my records may be 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 of such revocation to the college office or person who maintains the records of this authorization. The person and or agency receiving this information may not disclose the information received as a result of this disclosure unless specifically authorized in the "purpose" section of this release.

For Dean of Students Office Use Only

Processed By: _____Date: _____

Comments:

Revised August 2019

X_____   _____
Student's Signature   **Date**