



Student Records Release Request

Student Name

Student ID Number

Add Records Release Consent

I give Temple College permission to release the following records to the person (s) listed below until I revoke my consent in writing:

___ All records at Temple College (academic, disciplinary, financial, grades, registration, etc.)

Or just the following:

___ Transcript pick up only

___ Other – List: _____

The information indicated above may be released to:

Name (s): _____

Company: _____

Student Signature

Date

Cancel Records Release Consent

I revoke permission to release all records at Temple College, excluding directory information, to the person or persons listed below:

Name (s): _____

Company: _____

Student Signature

Date