



## 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