
Print Last Name **First Name** **M.I.**

Social Security Number **Date of Birth**

Address

Daytime Phone #

Oxnard College

Admissions and Records Office

Authorization to Release Information

Dear Student:

The Family Rights & Privacy Act of 1974 (also called the Buckley Amendment) protects the confidentiality of your academic records by prohibiting the release of information without your written consent.

Completing and signing this form is your authorization to release the information you specify.

Please be advised that we are unable to comply with your request if you have any fees and/or obligations due.

Please Initial _____

Please release to (name of organization) _____ any information Oxnard College may have regarding my:

Please select from the following:

Mail to this address Pick up later*

Current enrollment information
Semester _____

Past enrollment information
Semester _____ Year _____

Information in permanent file

Scholastic Standing/ GPA

Other (please specify)

Signature _____

Date _____

*** OFFICE USE ONLY ***

Date paid _____ Date ready for P/U _____ Date Mailed _____

\$3.00 (5 -10 working days)

\$5.00 (Over the counter or 3 -5 working days if mailed)

Picture ID Required. State and Federal regulations prohibit release of information without the student's written authorization.
***Verification letters left in the Admissions & Records Office for more than thirty (30) days will be discarded.**