



Student ID: \_\_\_\_\_

I, \_\_\_\_\_ the undersigned, hereby authorize West Hills College to release the following educational records.

Check all that apply:

- All financial records (these records include, but are not limited to Financial Aid, Business Office, Residence Halls, and Dining Hall).
- Academic record/transcripts (if a transcript is to be sent to an address other than that on file at WHC, a written request must be signed by the student or other party to whom the student has permitted release of such records).
- Other (please specify):

Name of individual(s) I wish to release information to: (PLEASE PRINT)

Spouse: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other: \_\_\_\_\_ Date of Birth \_\_\_\_\_

I acknowledge by my signature that I understand although I am not required to release my records to the individual(s). I am giving my consent to release the information. I understand that this release remains in effect from the date it is received by WHC unless I revoke such consent in writing and deliver to WHC.

\_\_\_\_\_

Signature of Student

\_\_\_\_\_

Date