

Academic Records Office
Tompkins Cortland Community College
170 North Street, PO Box 139
Dryden, NY 13053
(607) 844-8211

Permission to Release Education Record Information

Release to (Recipient):

LAST NAME FIRST NAME (INDIVIDUAL OR AGENCY/INSTITUTION)

Requested by (Student):

LAST NAME FIRST NAME

STUDENT TC3 ID NUMBER

STREET ADDRESS OR PO BOX

DATE

CITY, STATE, ZIP

Education record information to be released (be specific):

Purpose of release (be specific) :

I give permission for the TC3 Office of Academic Records to release the specified Information to the recipient listed above.

STUDENT SIGNATURE

TC3 STAFF PERSON OR NOTARY SIGNATURE

THIS FORM MUST BE SIGNED BY THE STUDENT ON CAMPUS IN THE PRESENCE OF A TC3 STAFF PERSON OR PRESENTED WITH SIGNATURE AND SEAL OF A LICENSED NOTARY.

IN PERSON: SUBMIT TO ROOM 101, ENROLLMENT SERVICES CENTER