



Agreement for Release/Exchange of Information

PURPOSE OF THIS FORM:

In the U.S., your personal information such as grades and address cannot legally be released to any member of your family, agency, friends or any community members without your written permission. To help us better communicate with your family or agency **if and when** they request your progress and information, please provide your name, Student ID number, and who you are giving permission to. Choose your **Option 1 (to accept to release)** or **Option 2 (to decline to release)** below.

I, _____ (_____
(FIRST name) (LAST/FAMILY name) (Shoreline Community College I.D. #));

OPTION 1: ACCEPT TO RELEASE MY INFORMATION

To authorize all staff members in International Education at Shoreline Community College to release to and exchange information with:

(Your family member's name and Relationship) (Agency Name if you have)

number) (Email address if known) _____ (Phone

(Your name) (Signature and Date)

OPTION 2: DECLINE TO RELEASE MY INFORMATION

To decline to release my personal information with any member of family or agency at this point.

(Your name) (Signature and Date)