



Due to FERPA and Board Policy, Cuyamaca College is prohibited to provide certain information from your student records to a third party. This form grants Cuyamaca College permission to release information about your student records to a third party. The completed form should be faxed to (619) 660-4575 or mailed to:

Authorization To Release Information

Student Information

Full Name: _____
Last First M.I.

Student ID or SSN: _____ Birth Date: ____/____/____

Address: _____
Street City State Zip

Phone Number: (____) ____-____ Email Address: _____

Payment Information

Amount Enclosed: \$ _____

Payment Method: Credit Card Check

Credit Card: _____

Authorization/CSC Security Code: _____
 3-digit code on back of card; AMEX cards: 4-digit code on front

Expiration Date: _____

What does it cost?

- *Regular Processing \$3.00 each* (within 5 Business Days + additional Shipping Time) Please note shipping is through USPS standard, may take 2 - 9 business days.
- *No charge for student loan deferments or cross-enrollment forms*
- *Rush Processing \$5.00 each* (48 hours processing time + additional Shipping Time) Please note shipping is through USPS standard, may take 2 - 9 business days.

Payment Options
 Your check or money order should be made out to Cuyamaca College. We accept MC, VISA, AMEX, DISC

Authorization

Request: Form (Please attach form to this document) Letter

Copies: _____
Please give details of what should be included in the letter:

Semester: Fall Spring Summer Year: _____

Options: "Rush" processing (48 hours processing, 2-9 shipping)
 Will pick up at A&R Office
 Mailed to address indicated below
 Send in separate envelopes (For multiple copies)

I hereby authorize the officials of Cuyamaca College to transmit any information regarding my academic record or other data requested by the agency, company or person indicated above.

X

Signature (REQUIRED)

Date

The completed form should be faxed to (619) 660-4575 or mailed to:

Mailing Address

Student is responsible for complete mailing address

Institution/Company/Organization/Name

Street Address Apt/Suite #

City State Zip Code

Cuyamaca College
ATTN: Transcript Clerk
900 Rancho San Diego Parkway
El Cajon, CA 92019

FOR OFFICE USE ONLY	
Fee Paid:	
BY: _____	Date: _____
Date Sent: _____	