ADMISSIONS & RECORDS OFFICE

570 Golden Eagle Ave., Quincy, CA 95971
(530) 283-0202 – Fax (530) 283-9961

AUTHORIZATION TO RELEASE INFORMATION

Date_____ Social Security Number: _____-____-_____

_____

Last Name First Initial

I authorize Feather River College to release the following information:

❑ Enrollment Status ❑ Degree ❑ Billing Information
❑ Grade Point Average ❑ Other: _____

Semester to be verified: ❑ Fall ❑ Spring ❑ Summer 20_____

My signature authorizes Feather River College to release information

Student's Signature_____

Please Release Information To: _____

Address (If applicable) _____

Relationship to Student _____

Fax Number (_____)_____-_____

Records Office Use Only

❑ Given to Student ❑ Mailed ❑ Faxed

Processed by_____ Date_____

3/18/08