

SAN DIEGO COMMUNITY COLLEGE CONTINUING EDUCATION RELEASE OF STUDENT INFORMATION

ALL TRANSCRIPT REQUESTS WILL BE PROCESSED WITHIN 10 WORKING DAYS
THIS RELEASE IS VALID FOR ONE (1) YEAR FROM DATE SIGNED BY STUDENT
FIRST TWO (2) CE TRANSCRIPTS ARE FREE, THEN \$5.00 PER TRANSCRIPT (EFFECTIVE 7/1/03)

Federal and State laws and District policy require complete confidentiality of student records. The San Diego Community College District does not release information concerning you to any organization, agency, or individual without your consent. I understand my legal rights and I authorize the San Diego Community College Continuing Education to release the following: Initial the appropriate line(s) ____ All Student Records ____ Transcripts ____ Attendance ___ Other ____ FOR OFFICE USE ONLY: **Enrollment Verification** DATE FEE PAID: To the following listed below: <u>Initial the appropriate line(s)</u> ___ Self ____ Individual ____ Institution/Agency RELEASE INFORMATION TO: (PLEASE PRINT) ALL AREAS MUST BE COMPLETED INDIVIDUAL/INSTITUTION/AGENCY YOUR NAME Address Address State Zip City State Zip City Phone Number _____Phone Number _____ Student's Signature Date STUDENT INFORMATION: (PLEASE PRINT) ALL AREAS MUST BE COMPLETED Full Name (Last Name, First Name) Other Names Used Social Security Number Dates Of Attendance (Approx. Years) Birth Date Centers/Sites Attended Courses Completed Was this for High School credit? _____ Received High School Diploma? ____ Did you take the ACTUAL GED TEST? ____ Where? ____ Received GED Certificate? ____ Was this under a special program? (Military, GAIN, etc.) ____ What program? ____ Any other information which might assist us in locating your records?