_____Rush Service \$10.00
_____Regular Service \$5.00

Glendale Community College Office of Admissions and Records 1500 N. Verdugo Road Glendale, CA 91208

STUDENT RELEASE FORM

Five (5) working days are required for processing.

Pursuant to the provisions of Title 5, Part VI, Division 5, Chapter 6 (commencing with Section 54600) of the California Administrative Code and the Family Educational Rights and Privacy Act of 1974 as amended, Glendale Community College Admissions and Records Department is hereby authorized to release information from my educational records.

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GCC ID	#:		Date:				
Date of	Birth:		Social Security Number :				
Name:			First		M.I.		
Addres	Number	Street	·	City	State	Zip code	
I AUTHOR	RIZE GLEND	ALE COMMUNITY	COLLEGE TO F	RELEASE THE F	FOLLOWING INFOR	RMATION	
To:		(Insurance Co, Bank, etc.	<u> </u>				
Verification of full-time student status FOR Semester/Session and Year							
	Number of units enrolled for this semester						
_	Other (Please explain):						
	HECK ONE:	ion at the Office of Ad	missions and Rec	ords (Picture Id	entification is require	ed for pick up)	
_				•	•	ou for proceed,	
responsibility	should such char	ge be violated. I understar	formation to unauthori nd that Glendale Com	zed third parties and munity College is not	officials of Glendale Commi responsible for verifications	unity College are hereby relieved of s not picked up within 30 days.	
Signature: Date: FOR OFFICE USE ONLY							
Amount Paid: \$			Pick Up Date:		Received By:		
			Date Processed:				