

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

\*\* First two verifications are free\*\*

\_\_\_ Regular Service \$5.00 Processing time: Five (5) working days

\_\_\_\_ Rush Service \$10.00
Processing time: Three (3) working days

## **STUDENT RELEASE FORM**

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. Verifications not issued unless all outstanding obligations to Glendale Community College are cleared.

Date:			
GCC ID #:	Date	of Birth:	
Name:	First		M.I.
Address: Number Street Name	Apt. #	City Stat	te Zip code
Phone number:	GCC ema	ail address:	@glendale.edu
I AUTHORIZE GLENDALE COMMUN	IITY COLLEGE TO RE	LEASE THE FOLLOW	VING INFORMATION
To:(Insurance Co, Bar			
(Insurance Co, Bar	ık, Employer, etc.)		
Verification of full-time student s	tatus FOR		_ Semester/Session and Year
Number of units enrolled for this	semester		
Other (Please explain):			
PLEASE CHECK ONE:			
☐ I will pick up verification at the Office	of Admissions and Record	ds. (Picture Identificat	ion is required for pick up)
Mail Verification to:			
If sending verification	on to different recipients, please	use a separate form for eacl	n request.
The designated recipient is charged not to release responsibility should such charge be violated. I un			Glendale Community College are hereby relieved on e for verifications not picked up within 30 days.
Signature:			Date:
	FOR OFFIC	CE USE ONLY	
Amount Paid: \$	Pick up Date:		Received By:
Date Proces	ssed:		8/201