



Truckee Meadows Community College

Admissions and Records

STUDENT CONSENT FOR RELEASE OF RECORDS

TO: TMCC Admissions and Records Office, 7000 Dandini Blvd., RDMT 319, Reno, Nevada 89512-3999; Fax: 775-673-7028

Student Information

T-Number: _____

Last Name: _____ First Name: _____

Date of Birth: ____/____/____ Soc. Sec. Num.: ____ - ____ - ____

Street Address: _____ Apt. (if applicable): _____

City: _____ State: _____ Zip Code: _____

Day Telephone: ____ - ____ - ____ Evening Telephone: ____ - ____ - ____

Release Information

Under federal legislation, namely the Family Educational and Privacy Act of 1974 (FERPA), I understand that my educational records cannot be released without my permission. ***I therefore request that the information listed below be released to the following:***

Last Name: _____ First Name: _____

Street Address: _____ Apt. (if applicable): _____

City: _____ State: _____ Zip Code: _____

Day Telephone: ____ - ____ - ____ Evening Telephone: ____ - ____ - ____

Information to be Released

Effective from: ____/____/____ Effective Until: ____/____/____

Please note: If an 'effective from-until' date is not provided, TMCC will leave your information release request in effect until we are given another form by you to rescind it.

Purpose

Student Signature

Date