



RELEASE OF INFORMATION

Student Name: _____

SID: _____ DOB: _____

Signature: _____ Date: _____

I authorize Peninsula College to release my student information as specified below. I understand that in the future I may request, in writing, that the college discontinue any student information dissemination per the Privacy of Information Act.

Release information to: _____

Release all of my student information to any requests made.

Release student information as identified below:

Other information/directions (explain):

This release is in effect until (Date): _____

I request that Peninsula College **not** release my directory information. *Students who wish to restrict directory information should realize that their names will not appear in the commencement bulletin and other college publications. Also, employers, credit card companies, loan agencies, scholarship committees and the like will be denied any of the student's directory information and will be informed that we have no information available about the student's attendance at Peninsula College.*

This request for non-disclosure is in effect until (Date): _____