

Mail Form To:  
Admissions & Registration  
SY CC 201  
P.O. Box 19000  
Portland, OR 97280-0990

# Consent to Release Confidential Information

Portland Community College

Admissions & Registration  
Phone: 971-722-8888, Option 2  
Sylvania Fax: 971-722-4988  
Rock Creek Fax: 971-722-7419  
Cascade Fax: 971-722-5410  
Southeast Fax: 971-722-6336

Portland Community College must follow all applicable state and federal laws (FERPA), rules and regulations that apply to student records. Therefore, all information contained in the college records which is personally identifiable to any student shall be kept confidential and not released except upon prior written consent of the student or upon the lawful subpoena or other order of a court of competent jurisdiction. **This release will be valid until the student invalidates it by completing a new form or deleting permissions online.**

## Student Information - Please Print Clearly

Name \_\_\_\_\_  
First Name Middle Initial Last Name

Address: \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

PCC ID or SSN: \_\_\_\_\_

## Release Information to:

Name: RECORDS DEPOSITION SERVICE, INC.

Address: P.O. BOX 5054  
Street Address

SOUTHFIELD MI 48086-5054  
City State Zip

Phone Number: 248-357-3330

Fax Number: 248-357-3337

E-Mail: REQUESTS@RECDEP.COM

Confidential Code: \* \_\_\_\_\_

Name \_\_\_\_\_  
Name Middle Initial Last Name

Address: \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Confidential Code: \* \_\_\_\_\_

Please release the following records (check all that apply):

### Specific records to be disclosed:

- |  |   |
|--|---|
| <input type="checkbox"/> Student Account     | <input type="checkbox"/> Enrollment Status        |
| <input type="checkbox"/> Course Schedule     | <input type="checkbox"/> Attendance               |
| <input type="checkbox"/> Financial Aid       | <input type="checkbox"/> Grades                   |
| <input type="checkbox"/> Academic Transcript | <input type="checkbox"/> Academic Standing        |
| <input type="checkbox"/> Graduation Date     | <input type="checkbox"/> Degree Status            |
| <input type="checkbox"/> Phone & Address     | PLEASE SEE ATTACHED SUBPOENA<br>OR LETTER REQUEST |
- Other (Please list): \_\_\_\_\_

Restrictions (if any): \_\_\_\_\_

### Purpose of disclosure (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Employment           | <input type="checkbox"/> Scholarship                   |
| <input type="checkbox"/> Deferment            | <input type="checkbox"/> Financial Aid                 |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Insurance                     |
| <input type="checkbox"/> Housing              | <input type="checkbox"/> Interpreter                   |
| <input type="checkbox"/> Payment              | <input checked="" type="checkbox"/> Other <u>LEGAL</u> |

If requested for an insurance verification, please provide the following information for the insured party:

Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_

**\*What is a Confidential Code?** This code allows the person you have listed to access your information if they contact the College. The code may be up to nine characters long. PCC will not release protected information over the phone unless the person can provide the confidential code.

### TO SUBMIT:

**In person:** Bring to any campus admissions, registration or business office.

**By Mail:** Admissions & Registration  
SY CC 201, P.O. Box 19000  
Portland, OR 97280-0990

**By Fax:** See above.

I hereby authorize PCC to release confidential information about me contained in the College's records. I agree to hold PCC and its employees harmless for any unauthorized use of my student records obtained by the above named party.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_