



International Student Center

RELEASE AUTHORIZATION FORM

FOR STUDENT TO COMPLETE	
Last Name:	First Name:
PCC ID#:	Date of Birth (month/day/year):
Cell Phone #:	PCC Email Address: @go.pasadena.edu

INFORMATION TO BE RELEASED

- Academic records (PCC transcripts)
- F-1 status information
- Admissions letter

INFORMATION CAN BE RELEASED TO THE FOLLOWING INDIVIDUALS

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

- I understand that my information and records are confidential and cannot be disclosed or released without my written authorization, except when otherwise permitted by law.
- I understand that I may revoke this authorization in writing at any time.
- My signature below signifies agreement of these terms and conditions.

Student's Signature:	Date (month/day/year):
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For office use only:							
Initials _____	Date _____	Units _____	SEVIS _____	Request Log _____	SARS _____	Email _____	