

While I am a student at Columbia College, I hereby grant the College permission to release information from my educational record to the **individual(s)** specified below. This may include, but is not limited to, any academic information such as grade reports, financial information such as student account or financial aid records, or any information concerning my enrollment at Columbia College.

Information provided to the **individual(s)** specified below may be released verbally or in written format to only the addresses listed below.

- ✓ I understand that this request will be honored until I am no longer a student at Columbia College or I request in writing that this release be revoked.
- ✓ Regarding sponsors - I understand that grade information will be provided for sponsor billing purposes and that it will continue to be provided until I am no longer a student at Columbia College or I request in writing that this release be revoked.

**STUDENT INFORMATION**

\_\_\_\_\_  
**Student Name** (please print)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**College ID#**

\_\_\_\_\_  
**Date**

The completed form can be returned in person to a college staff member. A photo ID will be required when returning in person. It can also be returned from your college email account to the Office of the Registrar at studentrecords@ccis.edu. For questions, contact the Office of the Registrar at (573) 875-7526 or (800) 231-2391 ext. 7526.

\_\_\_\_\_  
**Signature - CC Staff member accepting this form**

**Verified with photo ID**

**THIRD PARTY INFORMATION**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Current Address**

\_\_\_\_\_  
**Current Address**

\_\_\_\_\_  
**City/State/Zip**

\_\_\_\_\_  
**City/State/Zip**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Phone #**

**Relation to Student:**  
 Parent     Sponsor     Other Third Party

**Relation to Student:**  
 Parent     Sponsor     Other Third Party