

CUYAMACA COLLEGE
GENERAL AUTHORIZATION TO RELEASE INFORMATION
International Students

Please Print

Name _____ I.D. No. # _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

Date of Birth _____ Semester: Fall Spring Summer Year _____

Every Semester

Request: Letter Transcript Fee Statement

Please give details of what should be included: _____

Information will be: Picked up Mailed to address above Mailed to address below
 Mailed to Sponsor

Mail to: _____

Address: _____

Other than yourself, to whom should the information be released to:

Sponsor _____
Agency

Parents _____
Names

Other _____

I hereby authorize the International Student Office of Cuyamaca College to transmit any information regarding my academic record or other data requested by the agency, company, or person indicated above.

Student's Signature: X _____ **Date** _____