

## STUDENT CONSENT FOR RELEASE OF RECORDS

## **Return Completed Form To:**

TMCC Admissions and Records Office 7000 Dandini Blvd., RDMT 319 Reno, NV 89512-3999

or via email to: admissions@tmcc.edu

If completing a hard copy, please use black or blue ink only.

Student Information									
Last Name				First Name					
Name While Attending TMCC (if different from above)		Date of Birth (mm/dd/yyyy) NSHE			NSHE ID	IE ID # <b>or</b> Last Four Digits of Social Security #			
Email Address	Telep	Telephone Number				Alternate Telephone Number			
Street Address	Apt. (if applicable) City						State	Zip Code	
Information to be Released									
Effective From (mm/dd/yyyy)		Un	ntil	(mm/dd/yyyy)					
Note: if an "effective from-until" date is not provided, T	MCC will leave your	informat	tion	release request ir	n effect un	til we aı	re provided	with another form by	
you to rescind it.									
Release Information									
Under federal legislation, namely the U.S. Departr	ment of Education	's Family	y Ed	lucational and P	rivacy Ac	t (FERI	PA), I unde	erstand that my	
educational records cannot be released without m	y permission.								
I therefore request that the information listed abo	ove be released to	the foll	owi	ng:					
Last Name		First Name							
Street Address	Apt. (if applica	able) C	City				State	Zip Code	
Email Address	Telen	Telephone Number			<u> </u>		Alternate Telephone Number		
Signature									
Student's Signature							Date		