

TO: Citrus College
Admissions and Records Office
1000 West Foothill Boulevard
Glendora, CA 91741-1899

FROM: _____
Name of Student Student ID Number

Street Address City State Zip

Under Federal legislation, namely the Family Educational Rights and Privacy Act of 1974, I understand that my educational records cannot be released without my written permission or a Parental Affidavit of Dependency certified by my parent or guardian.

I, therefore, request that the information listed below be released to the following:

Name

Street Address City State Zip

Information to be released:

Purpose: _____

Signed this _____ day of _____, _____

Signature of Student