Release to Exchange Information 2023-2024
Enrollment Services/ Registration, Veterans Services
Registration and Records M/S 6-4 PO Box 98000
Des Moines, WA 98198-9800
Email: registration@highline.edu
Phone: (206) 592-3242

Student Information

Last *First* *MI* *ctcLink ID* *Date of Birth*

Purpose of this Form

In accordance with the Family Educational Rights and Privacy Act (FERPA), A student may designate a release of their information to a third party by completing this form. Without written consent, Enrollment Services will not disclose a student's enrollment information to anyone other than the student. Students must be aware that this release:

- Applies only to the release of Enrollment Services information you indicate below.
- Is valid from July 1, 2023 and ends June 30, 2024. Students must complete a new release form each year to continue to allow the release of enrollment information to a third party.
- Must be signed in person with photo ID at the customer service areas of Admissions, Financial Aid, Registration, or Veterans Services**.** This release may be revoked at any time by presenting photo ID and a written request to a customer service area listed above.
- Students who do not live in Washington State and are taking online classes will need to scan and email this form from their Highline email account, with signed photo ID, to registration@highline.edu.

Select Records to Release

Place a check by the information you want released to the designee:

- ☐ Highline College grades, class schedules, enrollment status, and electronic graduation and transcript evaluations
- ☐ Attempted and completed credits for Chapter 35 students
- ☐ All discussed information during today's meeting only

Purpose

Reason for your request:

_____

_____

Authorization and Signature

I hereby authorize Highline College Enrollment Services to exchange information with the designee identified below:

Last *First* *MI* *Phone* *Fax*

Organization Name (if applicable) *Relationship to Student*

I understand that my release of information can be revoked at any time and that I must submit a written request, with photo ID to an Enrollment Services customer service counter. This release is specifically with Enrollment Services. This release is specific to the person or organization listed above. I understand that outside of this release, the continued confidentiality of my records is protected by law. I understand this release ends June 30, 2024. An Enrollment Services staff person must witness your signature. To confirm your identity, please be sure you have photo ID with you.

Student Signature_____**Date**_____

Enrollment Services Staff Signature_____**Date** _____

The college provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, marital status, creed, religion, or status as a veteran of war. Prohibited sex discrimination includes sexual harassment (unwelcome sexual conduct of various types). Students who need disability accommodations should contact Access Services in Building 99, 1st Floor, room 150 in Community & Employment Services, email: access@highline.edu, phone: (206) 592- 3857 TTY/VP (206) 870-4853.