

SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY
2575 Yorba Linda Blvd.
Fullerton, California 92831

REQUEST FOR RELEASE OF RECORDS FOR CURRENTLY ENROLLED STUDENTS
Print a copy of this form. Complete it, sign it and return it to the Student Affairs Office.

Name: _____ Class of _____ Date: _____

Please specify records to be released:

_____ Transcripts; Hold for current quarter grades: Yes _____ No _____
_____ National Board Scores (for Residency Programs only)
_____ Medical Records (_____ Immunizations _____ TB Results)
_____ Information relating to Clinical Performance/Skills
_____ Other; Please specify _____

Please specify purpose of disclosure: _____

Print name of person, office or college _____
to receive copy of transcripts and _____
complete address, including zip code. _____

Records are TO BE MAILED or WILL BE PICKED UP (please circle)

Student assumes full responsibility for furnishing the complete and current address.

Failure to complete the above information, in full, will result in the issuance of unofficial copies only to the student.

I understand that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing and delivered to SCCO, but that any such revocation shall not affect disclosures previously made by SCCO prior to the receipt of any written revocation.

Signature

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF THE FAMILY EDUCATION RIGHTS PRIVACY ACT (FERPA) AND OTHER APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT DISCLOSURE OF EDUCATIONAL INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED.

FOR OFFICE USE:

MAILED: _____

PICKED UP: _____