

# Consent for Release of Education Record

*This form is provided in compliance with the Family Educational Rights & Privacy Act of 1974. It is good for a one-time request and needs to be completed within 5 business days of the date shown below.*

*Please include your demographic information to ensure we locate the correct individual in our record system.*

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

My signature at the bottom of this form indicates my consent to release portions of my Kirkwood Community College Education Record as follows:

Check all that apply:

- |                            |              |
|----------------------------|--------------|
| Grades                     | Certificates |
| Test Results               | Safety Badge |
| Program Completion Reports |              |

Employer/Agency to whom the records/badge are to be released:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

What is the purpose for releasing this information?

\_\_\_\_\_

\_\_\_\_\_  
(Typed or printed employee/student name)      (Employee/student signature)      Date

If the person for which information is being released is under 18 years of age, the following is required.

\_\_\_\_\_  
(Typed or printed Parent/Guardian name)      (Parent/Guardian signature)      Date

Please return this form to our office by **Fax:** 319-398-7185, **Email:** [contactce@kirkwood.edu](mailto:contactce@kirkwood.edu) or **Mail:** Kirkwood Continuing Education, Kirkwood Center for Lifelong Learning, 6301 Kirkwood Blvd. SW, Cedar Rapids IA 52404.