

RCC ID _____

I, _____ authorize the following individual(s) or agencies:
(PRINT Student's Name)

1. _____
2. _____
3. _____
4. _____

complete access to my educational records at Rogue Community College including, but not limited to, grade reports, transcripts, classroom performance/behavior, statements of my student account, financial aid, and other pertinent information.

To ensure the security of your educational records, please provide an Authorization Question & Answer and share both with the above named individuals/agencies. They will be asked this question and must provide the correct answer before your records will be shared with them.

Authorization Question _____

Authorization Answer _____

*Example Question: **What is my dog's name?***
*Example Answer: **Skippy***

I understand that the purpose of this release is to assist with my personal and academic success. I further understand that this authorization **will remain in effect** until a signed cancellation is submitted to Rogue Central.

 Student's Signature

 Date

Submit completed form in person to:	Rogue Central Redwood Campus (RWC) 3345 Redwood Hwy. Grants Pass, OR 97527 Fax: 541-471-3585*	Rogue Central Riverside Campus (RVC) 117 S. Central Ave Medford, OR 97501 Fax: 541-245-7648*	Rogue Central Table Rock Campus (TRC) 7800 Pacific Ave. White City, OR 97503 Fax: 541-245-7976*
Email: rccs@roguecc.edu *			

***Releases not submitted by the student in person must be accompanied by a copy of the student's photo ID**

<i>For Office Use Only</i>	
Date received _____	By _____