



## Authorization to Release Education Record Information

Student Full Name : \_\_\_\_\_  
*LAST FIRST MIDDLE INITIAL*

Last 4 Digits of SSN : XXX - XX - School Year : \_\_\_\_\_

Address : \_\_\_\_\_  
*STREET*  
\_\_\_\_\_  
*CITY STATE ZIP*

Phone # : \_\_\_\_\_ Email: \_\_\_\_\_

Recipient of Information : \_\_\_\_\_  
\_\_\_\_\_

Recipient Address : \_\_\_\_\_  
*STREET*  
\_\_\_\_\_  
*CITY STATE ZIP*

Records/Info. To be Released : \_\_\_\_\_  
\_\_\_\_\_

Purpose for Disclosure : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ authorize the PHCC Greater Sacramento Area Plumbing Unilateral Apprenticeship Committee to release the above named recipient my educational records.

\_\_\_\_\_  
*STUDENT SIGNATURE*

\_\_\_\_\_  
*DATE*

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*FOR OFFICE USE ONLY*

Date Rec'vd.: \_\_\_\_\_ Date Info. Released : \_\_\_\_\_ Release by : \_\_\_\_\_