TACOMA COMMUNITY COLLEGE

International Programs

18+ AUTHORIZATION TO RELEASE INFORMATION

This form is required. **Please print clearly** and be sure to complete each section.

Please be sure to complete and return this form to the International Programs Office, Building 11 or email to international@tacomacc.edu.

FIRST NAME: _____ **LAST NAME:** _____

STUDENT ID: _____ **DATE OF BIRTH (mm/dd/yyyy):** _____

EMAIL: _____ **TELEPHONE:** _____

ADDRESS IN USA: _____

AUTHORIZATION TO RELEASE INFORMATION

The Family Educational Rights and Protection Act, 20 U.S.C. § 1232g and 34 CFR Part 99, protects personally identifiable information in student educational records. You may consent to the disclosure of your personally identifiable information by (1) specifying the records to be disclosed; (2) stating the purpose of the disclosure; and (3) identifying the party or class of parties to whom the disclosure may be made.

This form is used to authorize access or sharing of student information for the duration of a student's enrollment at Tacoma Community College through International Programs. Permission to release information to the parties below can be revoked in writing to international@tacomacc.edu at any time.

I authorize Tacoma Community College to release the following information about me to the following people or agencies. (CHECK ALL THAT APPLY AND COMPLETE INFORMATION IN APPLICABLE SECTIONS).

☐ **Parent/Guardian**

Person #1:_____ Email:_____

Person #2:_____ Email:_____

Phone #1:_____

Phone #2:_____

- ☐ In case of emergency/medical treatment
- ☐ My grades and bills (i.e. tuition)
- ☐ Homestay feedback

☐ **Agency/School or Other**

Agency/School Name:_____

Contact Person (required):_____

Phone:_____ Email:_____

- ☐ In case of emergency/medical treatment
- ☐ My grades and bills (i.e. tuition)
- ☐ Homestay feedback

[Continued on reverse]

TACOMA COMMUNITY COLLEGE

TRANSCRIPT RELEASE

To facilitate credit transfer, I authorize Tacoma Community College (TCC) to send my official TCC transcript to my home university, _____, (or as listed in school section above) upon completion of my terms(s)/program at TCC.

I understand that my official transcript may include personal student information, grades, and enrollment/course history while enrolled at TCC.

I understand that if I am responsible for ordering my transcript to be sent to my home university or if I want a copy of my official transcript for my own records, I am able to request that record through TCC transcript request processes and will be responsible for any fees associated with that order.

(CHECK ONE BOX).

☐ YES ☐ NO

PHOTO SUBJECT RELEASE

I authorize Tacoma Community College (TCC) to take and use photographs of me for public information purposes, displays (on and off campus), news releases, video presentations, and advertisements; and for use in TCC and/or community publications. I understand that my image could be used to promote TCC only. I do this willingly, expecting no compensation or gratuity of any kind from TCC.

(CHECK ONE BOX).

☐ YES ☐ NO

STUDENT SIGNATURE: _____ **DATE:** _____

TACOMA COMMUNITY COLLEGE

International Programs

18+ AUTHORIZATION TO RELEASE INFORMATION – Insurance Only

This form is required. **Please print clearly** and be sure to complete the entire form.

Please be sure to complete and return this form to the International Programs Office, Building 11 or email to international@tacomacc.edu.

INSURANCE RELEASE

I hereby authorize the disclosure of the following information to LewerMark Insurance, for the purpose of participating in the international student insurance program.

The International Student Insurance Program is a requirement and permission for the release of this information cannot be revoked or blocked under the Family Educational Rights and Protection Act.

FIRST NAME: _____ **LAST NAME:** _____

STUDENT ID: _____ **DATE OF BIRTH (mm/dd/yyyy):** _____

EMAIL: _____ **TELEPHONE:** _____

GENDER: _____

ADDRESS IN USA: _____

_____

STUDENT SIGNATURE: _____ **DATE:** _____