



Community Colleges  
of Spokane

## Human Services

# PERMISSION TO RELEASE EDUCATION INFORMATION

Spokane Falls Community College  
3410 W Whistalks Way  
Spokane, WA 99224-5288  
(509) 533-3404

This release is good from \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

Requested By:

To: Practicum/Field Site (Or other, specify below)

\_\_\_\_\_  
LAST NAME FIRST NAME

\_\_\_\_\_  
LAST NAME FIRST NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
ORGANIZATION/SCHOOL

\_\_\_\_\_  
STUDENT IDENTIFICATION NUMBER

\_\_\_\_\_  
ADDRESS CITY, ST, ZIP

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
EMAIL ADDRESS PHONE NUMBER

**INFORMATION MAY BE COMMUNICATED IN PERSON, ELECTRONICALLY, BY TELEPHONE OR IN WRITTEN FORM**

To:  Institution of higher education  Current and future employer  Other (specify) \_\_\_\_\_

What:  Criminal background checks  Anything from my educational records  
 Other (specify) \_\_\_\_\_

Education record information to be released: \_\_\_\_\_

Purpose of release:  Facilitate ongoing education  Employment  Other \_\_\_\_\_

*I give person/organization indicated below permission to release the specified information to the recipient listed above.*

**INFORMATION MAY BE COMMUNICATED IN PERSON, ELECTRONICALLY, BY TELEPHONE OR IN WRITTEN FORM**

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

\_\_\_\_\_  
DATE

**Office Use Only**

Action taken:  Completed  Filed  Held  Other

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BY WHOM