



JOLIET JUNIOR COLLEGE  
1901

**Office of the Registrar**

**PERMISSION TO RELEASE INFORMATION**

Date: \_\_\_\_\_

NAME OF STUDENT REQUESTING THE RELEASE: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

PURPOSE OF REVIEW: \_\_\_\_\_

ITEM(S) OF INFORMATION REQUESTED: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME OF PERSON TO WHOM INFORMATION IS TO BE RELEASED:

AFFILIATION TO THE STUDENT: \_\_\_\_\_

I hereby agree to keep the information disclosed to me confidential according to applicable legislation and regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of person to whom information is to be released

DISPOSITION OF REQUEST: \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED

SPECIFY MATERIALS REVIEWED (RECORDS, TYPES OF INFORMATION):

Signature of Official Approving Request \_\_\_\_\_ Date \_\_\_\_\_

Name & Title of Official Supervising Review \_\_\_\_\_ Date \_\_\_\_\_

Return signed copy to: RECORDS OFFICE  
Joliet Junior College  
1215 Houbolt Rd.  
Joliet, IL 60431