



JOLIET JUNIOR COLLEGE

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