



Academic Release of Information

To: _____
(Name of Educational Institution/Agency/Specialist)

Address: _____

City: _____ State: _____ Zip: _____

Fax: _____ Email: _____

I hereby request and authorize the above-named educational institution/agency/specialist to release to the Student Accessibility Services Office at MiraCosta College, any information on educational or psychological testing as well any academic records pertaining to my educational development.

Please send this information to:

MiraCosta College
Attn: SAS, MS 3B
One Barnard Drive
Oceanside CA 92056 or fax: (760) 795-6604

Student Name (please print)

Date

Student Signature

SURF ID

Date of Birth: _____

SSN (last 4 only): _____