

CONSENT TO RELEASE CONFIDENTIAL INFORMATION and REQUEST FOR TRANSCRIPT

I hereby authorize my current or former school, _____ and/or current or former school district to release confidential information about me contained in my school records to Santa Rosa Junior College (SRJC) and/or Petaluma City Schools (PCS) and/or Gateway to College Academy (GtC). **Please send a copy of my student transcript as soon as possible** to GtC via e-mail to: Gateway@santarosa.edu or FAX (707) 778-2446.

Student Last Name	First Name	MI	Date of Birth (month/day/year)
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RELEASE TO:

- Santa Rosa Junior College (SRJC)
- Petaluma City Schools
- Gateway to College Academy

Information that will be released through authorization of signature below:

- Name, address and phone
- Date of birth
- Last high school attended and date
- Disciplinary action
- Special Education information including IEP, assessment results, history
- Transcript of grades
- Verification of attendance
- Date of graduation and program

Student Signature: _____ Date: _____

Parent/Legal Guardian Signature, if under 18 years: _____ Date: _____