

**Kankakee Community College**  
**Release of Information**

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

Student's name: \_\_\_\_\_  
Last name First name Middle initial

Student's I.D. number: \_\_\_\_\_

Purpose/reason for the disclosure of the educational records: \_\_\_\_\_

Person(s) or organization(s) to whom or to which records are to be released: \_\_\_\_\_

Records to be released (Please check all that apply):

- Admissions form
- Admissions test scores
- College transcripts (athletic verification only) and evaluations
- High school transcripts (including grade point average)
- GED score reports
- Grades
- Petitions
- Residency documents
- Other (please specify) \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Approved  Disapproved

Comments: \_\_\_\_\_

Registrar signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return signed copy to: Registrar  
Kankakee Community College  
100 College Drive  
Kankakee, IL 60901