



## Transcript Release Authorization/Consent Form

Under the *Family Education Rights and privacy Act of 1974*, as amended, transcripts may not be released without the student's written consent.

Name: \_\_\_\_\_  
Last First M.I

List all other names used: \_\_\_\_\_

SSN: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address or P.O. Box # City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize West Hills College Veteran's Service Staff to order My Military Transcripts (JST) on my behalf and I give consent for the release of My Military Transcripts (JST) West Hills College.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for choosing West Hills Community College!*