



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 _____ 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: _____, MS 3B
One Barnard Drive