



Manufacturing Apprenticeship

Academic Information Release Form

Students wishing to allow another individual(s) access to their records should complete this form. In compliance with the Family Educational Rights and Privacy Act of 1974, GRCC requires written authorization to release certain confidential information to any individual(s) other than the student.

Date* _____

Student Name* _____

Date of Birth* _____

Company Name* _____

Student ID Number _____

I, _____, authorize the School of Workforce Development and Grand Rapids Community College to release my grades for classes and assignments/exams, current transcripts, attendance information, and any other relevant information to my employer’s designated representative upon request for the purpose of assessing my academic performance and/or certifying program participation and completion for employment purposes.

This Release is valid until revoked at my request:

Student Signature*

Date*

This release form is valid for the duration of the student’s enrollment in the RMCP program, or up to three years, whichever is lower.

Revoke Authorization: By my signature, I revoke my prior authorization for GRCC to release my records to the above named third party, effective immediately.

(Sign here only to revoke the above authorization)

Student Signature

Date

This form can also be revoked via email sent to: MeijerRMCP@grcc.edu

*Indicates required field