



CERTIFICATION REQUEST

Last Name: _____

First Name: _____

GCC ID#: _____

Program: _____

EMAIL: _____

Phone: _____

DOB: _____

**Other Names
Used:** _____

Information Requested for Release (Requests can take up to 5 business days to process):

- ☐ Enrollment Status (current and previous enrollment history)
- ☐ Certification of Graduation
- ☐ Other (Please be as descriptive as possible):

Reason for Release:

- ☐ Personal ☐ Professional ☐ Scholarship/Loan ☐ Other: _____

Information may be released to (please use separate forms for multiple recipients):

Name: _____

Relationship to Student: _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Person: _____

Email Address: _____ Phone: _____

Delivery Method:

- ☐ Student Pick Up ☐ 3rd Party Mail (Provide complete address information above)
- ☐ Fax (Provide Fax Number) _____ ☐ Email (Provide email address): _____

Authorization:

I understand that the information being released may include, but is not limited to, directory information and non-directory information, as identified under the Family Educational Rights and Privacy Act (FERPA), within my student record. I hereby authorize Guam Community College to release this information to the third party listed above.

STUDENT SIGNATURE: _____ **DATE:** _____