



Transcript Authorization of Release Form

Admissions and Records
2300 E. Gibson Road, Woodland, CA 95776
T: 530-661-7759 F: 530-661-5705

Please print clearly and include complete address with zip code

Student information section

Name: _____ Student ID: _____

Address: _____

City/State/Zip: _____

Phone: () _____ Alternate Phone: () _____

****Note: All information must be legible and your complete address must be included. Authorizations that are incomplete will not be accepted and will delay your transcript pick up. ****

Transcript Authorization Release Section

(Please read carefully and include all required information)

I, _____, authorize _____ to pick up my official transcript from the Admissions & Records Office at Woodland Community College. I understand that this designee will need to have proper identification with them at the time of pick up. I also understand that if this designee does not have proper identification with them at the time of pick up, Admissions & Records will not release my transcript. I further understand that this designee will have access to my personal information and I release Woodland Community College from all responsibility and/or liability in the event that my information is misused.

Student Signature

Signature of Transcript Designee

Date