
Principal's signature

Date

RELEASE OF ACADEMIC RECORD

I authorize Guam Community College to release my academic record each term to _____.
This release is countersigned by my parent or legal guardian, if I am less than 18 years of age. This release shall remain in effect until I provide written notice to the GCC Registrar's Office to discontinue the release or until I earn my high school diploma. I authorize my parent or legal guardian, specified below, access and authorization to release my academic record.

Student Signature

Date

Parent/Guardian Signature

Date