



PARALEGAL PROGRAM
STUDENT VERIFICATION FORM AND
AUTHORIZATION FOR RELEASE OF INFORMATION

Last Name:	First:	Middle:	Date of Birth:
KCC ID:	COMPASS Read:	COMPASS Write:	Highest Degree Obtained:
Residence Address (Street, City, State, Zip):		Preferred E-Mail:	
Cell Phone:	Home Phone:	Work Phone:	

Voluntary authorization for release of information:

I hereby authorize Kellogg Community College and its representatives and/or agents to release any and all information pertaining to my academic and employment history to the American Bar Association for the purpose of determining program effectiveness. I understand this authorization is voluntary.

This authorization is executed with the full knowledge and understanding that the information is for official use by Kellogg Community College and the American Bar Association for program accreditation.

I hereby release any individual, agency, or organization, including its officers, employees, and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A photostatic copy of this Authorization shall have the same force as the original.

Student Signature:	Date:
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1. Return this form and proof of High School completion to the Paralegal Coordinator.
2. COMPASS testing is offered free of charge on a walk-in basis. Please refer to a current schedule for times and locations, or visit the testing center webpage at <http://www.kellogg.edu/testing/compass.html>.
3. You may access your COMPASS test results through KRIS, or consult an academic advisor.
4. Post-Baccalaureate Certificate candidates must submit an official college transcript showing the degree earned.