

## RELEASE OF STUDENT INFORMATION FORM

The purpose of the Educational Rights and Privacy Act of 1974 is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information contained in a student's college records. I understand that in order for the Office of Student Records to honor a verbal or written request for information by anyone other than the individual student, a signed authorization must be on file.

Semester & Year: \_\_\_\_\_  
 Student Name: \_\_\_\_\_  
 SSN#: (Last 4 Digits) \_\_\_\_\_  
 Student ID Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 School Email: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**(Please Print Clearly)**

I \_\_\_\_\_, authorize the Lawson State Community College Office of Records to release information to:

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(RELATIONSHIP TO STUDENT)

Grades/GPA                       Academic History                       Billing  
 Financial Aid                       Academic Status                       Other: \_\_\_\_\_

**The above information will be released with my full consent. I understand that this authorization remains in effect for one calendar year. It will be necessary to send a written letter to revoke this authorization prior to the expiration date I have indicated.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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| <p><b>FOR OFFICE USE ONLY</b></p> <p>DATE PROCESSED _____</p> <p>INITIALS _____</p> |
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### STUDENT SERVICES