 Student Information Release Authorization

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, the Technical College of the Lowcountry must obtain written consent from a student before releasing any educational or financial information regarding that student to a third party. Such a written request must be signed and dated by the student, specify the type of information to be released, state the purpose of the release, and identify the party to whom the information may be released.

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Student Name (Print) Student ID Number

**Information to be Released:** (Check all that Apply *or* Check All of the Above. If information to be released is not included in the list below, please indicate under Other)

\_\_\_Financial Aid Information \_\_\_Enrollment Status

\_\_\_Veteran’s Benefits Information \_\_\_Course Registration Information

\_\_\_Billing Information \_\_\_Grades/GPA, academic progress, attendance

\_\_\_In School Deferment Information \_\_\_Transcripts

\_\_\_Placement Test Scores/Testing Information

\_\_\_All of the Above

\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I authorize the Technical College of the Lowcountry to release the indicated information to the person/agency specified below:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person or Agency Relation to Student (If Applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip

**Purpose of the Release of Information:** (Please State Reason for Release of Information)

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***This release will remain in effect until the requestor cancels it in writing at the Registrars’ office.***

I wish to release the information as described I wish to cancel the above release authorization

above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature/Date Student Signature/Date

The Technical College of the Lowcountry is committed to a policy of equal opportunity for all qualified applicants for admissions or employment without

regard to race, gender, national origin, age, religion, marital status, veteran status, disability or political affiliation or belief.

*Student Records Office Use Only. Receipt Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Staff Signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_