



## RELEASE OF INFORMATION REQUEST

I, \_\_\_\_\_ SSN or Student ID# \_\_\_\_\_ - \_\_\_\_\_

hereby authorize Southern Regional Technical College to communicate with

\_\_\_\_\_, my (state relationship): \_\_\_\_\_

and discuss the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Placement Scores   | <input type="checkbox"/> Advisement                         |
| <input type="checkbox"/> Career Exploration   | <input type="checkbox"/> Admissions Process Information     |
| <input type="checkbox"/> Registration Information   | <input type="checkbox"/> Financial Aid Process Information  |
| <input type="checkbox"/> Academic History including Grades, Academic Standing, and Attendance in individual classes | <input type="checkbox"/> Personal (non-academic) Counseling |

This release is valid for (check one):

- This academic semester only (specify)  Fall  Spring  Summer Year \_\_\_\_\_
- This academic year only (specify) Year \_\_\_\_\_
- As long as I am a student at SRTC
- For this specific period of time, from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*This release is subject to revocation in writing at any time, but revocation can have no effect on disclosures previously made.*

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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*For Office Use Only*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Request Revoked on: \_\_\_\_\_