



# 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:

- Placement Scores
- Career Exploration
- Registration Information
- Academic History including Grades, Academic Standing, and Attendance in individual classes
- Advisement
- Admissions Process Information
- Financial Aid Process Information
- 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

.....  
**For Office Use Only**

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

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