



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

.....
For Office Use Only

Received by: _____ Date: _____

Request Revoked on: _____