



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

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For Office Use Only

Received by: _____ Date: _____

Request Revoked on: _____