

Students must provide a current (unexpired) government issued picture ID with this form. If mailed the notary section of this form must be completed and the original document must be returned (copies of form will not be accepted).

Last, First (PRINT CLEARLY)

Student ID Number or Social Security Number

Under Federal legislation, namely the Family Educational Rights and Privacy Act of 1974 (FERPA), I understand that my education records cannot be released without my written permission or a Personal Affidavit of Dependency certified by my parent or guardian. I therefore, give permission for Salt Lake Community College to release appropriate records from the area(s) listed below.

AUTHORIZATION TO RELEASE EDUCATION INFORMATION

ALL areas listed below

- | | |
|---|--|
| <input type="checkbox"/> Admissions | <input type="checkbox"/> Cashier/Student Accounts |
| <input type="checkbox"/> Office of the Registrar | <input type="checkbox"/> Academic Advising |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Other (please specify): |

PLEASE PRINT CLEARLY (P = Parent, G = Guardian, SP = Spouse/Partner, O = Other)

Release **|or|** Cancel _____ Relationship to Student (Circle One): P G SP O
First and Last Name (PRINT CLEARLY)

Release **|or|** Cancel _____ Relationship to Student (Circle One): P G SP O
First and Last Name (PRINT CLEARLY)

Release **|or|** Cancel _____ Relationship to Student (Circle One): P G SP O
First and Last Name (PRINT CLEARLY)

***Note:** Any person(s) requesting access to student records in person must be listed above and must present an unexpired government issued ID to appropriate SLCC staff member when requesting records from any of the above listed areas.

PASSWORD

(Password is only required for releasing information over the phone)

To protect student information from unauthorized individuals, SLCC requires the student to provide a password that will allow you and those listed above to access confidential information over the telephone. The password should be easily remembered, no more than 10 characters long and not easily guessed. No information will be released to person(s) not listed on this form.

AUTHORIZATION: *This authorization is valid until cancelled by student. The student may cancel this release at any time by submitting another form or providing a written notice to the Office of the Registrar and Academic Records.*

 Student Signature

 Date

NOTARY SECTION

If you are NOT signing this form in the presence of an appropriate SLCC staff member (must be from one of the areas listed above), this form must be notarized.

Notary Public: _____

State of: _____

My Commission Expires: _____

County of: _____

Today's Date: _____

FOR OFFICE USE ONLY:

Verified By (Print Name): _____

Initials: _____

Date: _____