



# Student Consent for Release of Records

**Students must provide a government issued picture ID with this form.  
If mailed or faxed, an enlarged copy of your official ID with a signature is required.**

\_\_\_\_\_  
Last, First (PRINT CLEARLY)

\_\_\_\_\_  
Student ID Number or Social Security Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email

*This authorization is valid for **three years** from the date signed. The student may cancel this release at any time by submitting another form or a written notice to the Office of the Registrar and Academic Records.*

**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 selected items below.**

### AUTHORIZATION TO RELEASE EDUCATION INFORMATION

- ALL RECORDS** (Includes all records below)
- Admission**- Includes date of application, program selected, documents received, documents pending, date of admission, admission status and conditions of admission.
- Registration** - Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.
- Academic Records** - Includes transcripts, courses taken, grades received, GPA, academic progress, honors, transfer credit award and degrees awarded.
- Other** (as specified): \_\_\_\_\_

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

Release to  Cancel \_\_\_\_\_ Relationship to Student (Circle One): P G SP O  
First and Last Name (PRINT CLEARLY)

**\*Note:** This form is only for in-person interactions. The person requesting for access to student records must be listed above and must present a government issued ID to the Office of the Registrar and Academic Records when requesting for access to any of the above listed items.

### AUTHORIZATION

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

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY:

#### Checklist Items

- Form is complete with appropriate signatures
- Document is completed/signed by ORAR employee
- Student ID submitted/scanned into Nolij
- Information entered in SPACMNT/scanned into Nolij

Verified By (Print Name): \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_