



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

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*For Office Use Only*

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

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