



STUDENT INFORMATION RELEASE

1. Name of student making the request: _____
(Please print clearly, Last Name, First Name, M.I.)

2. SSN: _____ SID: _____

3. Person I am authorizing to release information: _____
(Name of LWTC Staff, Faculty Name, or Dept.)

4. Person, business, employer, school, or other party I am authorizing release of information to:

(List employer or institution to receive the information)

5. These are the specific items I am authorizing to be released **(check all that apply)**:

___ Information as it relates to my entire academic experience at LWTC, including, GPA, grades, attendance, performance, in courses, etc.

___ Information as it relates to particular course(s): _____
(Specify course number(s) and when taken)

___ Information as it relates to any student activity involvement.

___ Information is to be released through: _____
(Specify length of time by giving last date to release information)

___ Other (please specify): _____

6. My signature below signifies an unconditional release of information for the period of three years beyond my last quarter of attendance unless otherwise indicated in #5 above.

Student's Signature

Date Signed

NOTE: Instructor, retain one copy; student, retain one copy; original to person and/or department.