



Lassen Community College

RELEASE OF INFORMATION FORM

The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for students regarding the privacy of their educational record. While parents/guardians/spouses/and others may have an interest in the student's record, access to or release of the educational record is only given by written student consent. Students may choose to complete and submit this "FERPA Release Form" to the Admissions and Records office to allow access or release of their educational records. **THIS FORM MUST BE COMPLETED IN FULL TO BE PROCESSED.**

STUDENT INFORMATION

Full Name: _____

LCC ID #: _____

Address: _____

SSN (Last 4 digits): _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Country: _____

Phone Number: _____

RECIPIENT INFORMATION

Full Name: _____

E-mail: _____

Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

SSN (Last 4 digits): _____

Country: _____

Relationship: _____

INSTITUTION INFORMATION

Name of School/Institution _____

Address _____ City _____

State _____ Zip Code _____ Phone _____

Principal- Print Name _____ Principal- Signature _____

Email _____ Date _____

Designee- Print Name _____ Designee Signature _____

Designee Title _____ Email _____ Date _____

RECORDS TO BE RELEASED

All Records

Other _____

The student's hand written signature is required on the line below for the purposes of the above certification. I declare under the penalty of perjury that I am the authorizing person and the foregoing is true and correct. This consent for disclosure of information will remain in effect until I revoke it in writing.

Signature _____ Date: _____ Revoke as of: _____