



Authorization to Release Student Information



This form must be submitted each enrollment term.
This form cannot be faxed or emailed.
Return this form to the address below:
Labette Community College
Financial Aid
200 South 14th
Parsons, KS 67357

The financial and non-directory information on your student account is confidential and protected by the Family Educational Rights & Privacy Act (FERPA). FERPA is also known as the Buckley Amendment, Statute 20 U.S.C 1232 (g), regulations 34 CFR Part 99. We cannot release certain information to another person without your written authorization. This form will allow appropriate offices to release specific information about you to the person(s) you designate below. This form does not authorize any third party to access a student's on-line account. **This form must be completed each enrollment term.**

Student Name: _____ Student ID number: _____
Academic Year: _____

I authorize Labette Community College representatives to release the below records:

| | |
|---|--|
| <input type="checkbox"/> Account Information: e.g. account balance, charges and credits appearing on account, payment plan, third party sponsorship, 1098T, receipt requests, questions regarding past due balance, Herring bank, online payment services, or related questions regarding a student's financial account record. | <input type="checkbox"/> Academic Record Information: e.g. information regarding a student's enrollment, and academic records (recorded grades, class schedule, transcripts) |
| <input type="checkbox"/> Financial Aid Information: e.g. application, verification, and award information, including veteran's benefit information. | <input type="checkbox"/> All Records |

Person(s) Authorized to Access the Information Above

| | |
|---|--------------------------|
| _____ / _____ | <input type="checkbox"/> |
| Name Last 4-digits of Social Security # Month/Year of Birth | Cancel their access: |
| _____ / _____ | <input type="checkbox"/> |
| Name Last 4-digits of Social Security # Month/Year of Birth | Cancel their access: |

Signatures

This form must be signed in front of an LCC representative. If appearing in person is not possible, this form must be notarized below.

| | |
|-------------------------------|-------|
| _____ | _____ |
| Student Signature | Date |
| _____ | _____ |
| LCC Representative as Witness | Date |

Notary Public:

State of _____ County of _____
 On this _____ day of _____, 20____, _____ personally appeared
 before me, (check one)
 _____ who is personally known to me OR
 _____ whose identity I proved on the basis of _____
 to be the signer of the above instrument.
 Notary Public _____, Residing at _____
 My commission expires: _____