



# 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 14<sup>th</sup>  
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: \_\_\_\_\_  
Enrollment Term:  Fall  Spring  Summer Year \_\_\_\_\_

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

\_\_\_\_\_ **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.

\_\_\_\_\_ **Academic Record Information:**  
e.g. information regarding a student's enrollment, and academic records (recorded grades, class schedule, transcripts)

\_\_\_\_\_ **Financial Aid Information:**  
e.g. application, verification, and award information, including veteran's benefit information.

\_\_\_\_\_ **All Records**

## Person(s) Authorized to Access the Information Above

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Cancel their access:   
Name Last 4-digits of Social Security # Month/Year of Birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Cancel their access:   
Name Last 4-digits of Social Security # Month/Year of Birth

## 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: \_\_\_\_\_