

Authorization for Release of Information



Lehigh Carbon
COMMUNITY COLLEGE

Registration/Student Records

4525 Education Park Drive, Room SSC 122
Schnecksville, PA 18078

www.lccc.edu

Phone: 610-799-1171 Fax: 610-799-1173

Please use black or blue ink, NO PENCIL

_____	_____	_____
Last Name	First Name	MI
_____	_____	
Student ID Number	Date	

RETURN FORM TO: Registration/Student Records Office for processing.

<p>CHECK ONE:</p> <p><input type="checkbox"/> Consent for FULL ACCESS to Educational Records. (Full access does not give authority to make changes to the student's educational record.)</p> <p><input type="checkbox"/> Consent for LIMITED ACCESS to Educational Records. (Limited access does not give authority to make changes to the student's educational record.)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Only my Lehigh Carbon Community College transcript.</p> <p style="padding-left: 40px;"><input type="checkbox"/> The following specific information or records:</p>	<p>Purpose for the Authorization (please explain)</p> <p>Provide full name and address of agent [individual(s) or agency] to whom access to records may be provided:</p> <p>I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the Registration/Student Records Office. This authorization is good for one year from the date I sign this release, unless noted differently, and photocopies of this release form may be accepted, when presented in person with appropriate identification. The person and/or agency receiving this information may not disclose the information received as a result of this disclosure unless specifically authorized in the "purpose" section of this release.</p> <p>_____</p> <p>Student's Signature Date</p>
<p>VALID FOR:</p> <p><input type="checkbox"/> One-time Use: This authorization can be used only once.</p> <p><input type="checkbox"/> Limited Use: This authorization expires on _____</p> <p><input type="checkbox"/> Long-term Use: This authorization will remain continuously in effect until I withdraw this authorization in writing.</p>	

<p>For Registration/Student Records Office Use Only:</p> <p>Processed by: _____ Date: _____</p>	<p>Comments:</p>
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