

**Students must provide a current (unexpired) government issued picture ID with this form. If mailed the notary section of this form must be completed and the original document must be returned (copies of form will not be accepted).**

\_\_\_\_\_  
**Last, First (PRINT CLEARLY)**

\_\_\_\_\_  
**Student ID Number or Social Security Number**

Under Federal legislation, namely the Family Educational Rights and Privacy Act of 1974 (FERPA), I understand that my education records cannot be released without my written permission or a Personal Affidavit of Dependency certified by my parent or guardian. I therefore, give permission for Salt Lake Community College to release appropriate records from the area(s) listed below.

**AUTHORIZATION TO RELEASE EDUCATION INFORMATION**

**ALL areas listed below**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Admissions</b>              | <input type="checkbox"/> <b>Cashier/Student Accounts</b> |
| <input type="checkbox"/> <b>Office of the Registrar</b> | <input type="checkbox"/> <b>Academic Advising</b>        |
| <input type="checkbox"/> <b>Financial Aid</b>           | <input type="checkbox"/> <b>Other (please specify):</b>  |

**PLEASE PRINT CLEARLY (P = Parent, G = Guardian, SP = Spouse/Partner, O = Other)**

Release  Cancel \_\_\_\_\_ Relationship to Student (Circle One): P G SP O  
First and Last Name (PRINT CLEARLY)

Release  Cancel \_\_\_\_\_ Relationship to Student (Circle One): P G SP O  
First and Last Name (PRINT CLEARLY)

Release  Cancel \_\_\_\_\_ Relationship to Student (Circle One): P G SP O  
First and Last Name (PRINT CLEARLY)

**\*Note:** Any person(s) requesting access to student records in person must be listed above and must present an unexpired government issued ID to appropriate SLCC staff member when requesting records from any of the above listed areas.

**PASSWORD**

**(Password is only required for releasing information over the phone)**

To protect student information from unauthorized individuals, SLCC requires the student to provide a password that will allow you and those listed above to access confidential information over the telephone. The password should be easily remembered, no more than 10 characters long and not easily guessed. No information will be released to person(s) not listed on this form.

*AUTHORIZATION: This authorization is valid until cancelled by student. The student may cancel this release at any time by submitting another form or providing a written notice to the Office of the Registrar and Academic Records. Student must provide a physical signature matching the government issued ID submitted with this form. No electronic signatures will be accepted.*

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**NOTARY SECTION**

**If you are mailing in this form, it must be notarized, and the original document must be returned (copies of form will not be accepted).**

Notary Public: \_\_\_\_\_

State of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

County of: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Verified By (Print Name): \_\_\_\_\_

Initials: \_\_\_\_\_

Date: \_\_\_\_\_