



## Professional Development Student Record Management Office

### Student Consent for Release of Records

Students must **print**, physically sign the document, and scan or send a picture of the signed form along with a current (unexpired) official picture ID when submitting this form in person and online. Send documents to pdregistration@slcc.edu.

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

\_\_\_\_\_  
Student ID Number

Under Federal legislation, namely the Family Educational Rights and Privacy Act of 1974 (FERPA), I understand that my confidential education records cannot be released without my written permission or without a personal affidavit of dependency certified by my parent or guardian. I therefore, give permission to the \_\_\_\_\_ program manager, \_\_\_\_\_, to release educational student information (including academic standing / grades) to the identified person / employer as stated below:

Company Name:  
\_\_\_\_\_

---

**AUTHORIZATION:** *This authorization is valid for the duration of the student’s attendance in this program. The student may cancel this release by submitting an updated “Student Consent for Release of Records” form to the Professional Development Student Record Management Office.*

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

\_\_\_\_\_ Date

---

#### FOR OFFICE USE ONLY:

Verified By (Print Name):

Initials:

Date: