



AUTHORIZATION FOR RELEASE OF INFORMATION

Confidentiality and access to student record information is administered in accordance with the Family Education Rights and Privacy Act of 1974 (FERPA). This law protects the privacy of student education records. At the postsecondary level, parents have no inherent right to inspect a student's education record.

By signing this form, I hereby authorize personnel at Snead State Community College to release the following information:

(initial the appropriate options)

- Academic Records
- Financial Information
- Disciplinary Information
- Other—specify: \_\_\_\_\_

The persons to whom this information may be released is as follows:

1. \_\_\_\_\_  
 (Name) (Relationship / Organization)  
 \_\_\_\_\_  
 (Address)
2. \_\_\_\_\_  
 (Name) (Relationship / Organization)  
 \_\_\_\_\_  
 (Address)

This authorization is valid until cancelled. The student may cancel/revoke this release at any time by submitting a written, signed request to the Director of Admissions and Records or the Chief Student Services Officer.

\_\_\_\_\_  
 (Print Student Name) (Student ID Number) (Contact Information)

\_\_\_\_\_  
 (Signature of Student) (Date)