



Student Information Release Authorization

*****If this form is submitted electronically it must be submitted from the student's TCL email account and must be accompanied by a copy of the student's photo ID.**

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, the Technical College of the Lowcountry must obtain written consent from a student before releasing any educational or financial information regarding that student to a third party. Such a written request must be signed and dated by the student, specify the type of information to be released, state the purpose of the release, and identify the party to whom the information may be released.

Student Name (Print) _____

Student ID Number _____

Information to be Released: (Check all that Apply or Check All of the Above. If information to be released is not included in the list below, please indicate under Other)

☐ Financial Aid Information

☐ Veteran's Benefits Information

☐ Billing Information

☐ In School Deferment Information

☐ All of the Above

☐ Other: _____

☐ Enrollment Status

☐ Course Registration Information

☐ Grades/GPA, academic progress, attendance

☐ Transcripts

☐ Placement Test Scores/Testing Information

I authorize the Technical College of the Lowcountry to release the indicated information to the person specified below:

Name of Person

Relation to Student

Street Address

City

State

Zip

Purpose of the Release of Information: (Please State Reason for Release of Information)

This release will remain in effect until the requestor cancels it in writing at the Registrars' office.

I wish to release the information as described above.

Student Signature/Date

I wish to cancel the above release authorization

Student Signature/Date

The Technical College of the Lowcountry is committed to a policy of equal opportunity for all qualified applicants for admissions or employment without regard to race, gender, national origin, age, religion, marital status, veteran status, disability or political affiliation or belief.

Student Records Office Use Only. Receipt Date _____ Staff Signature _____