

# LOUISIANA DELTA COMMUNITY COLLEGE

Division of Student Affairs · Department of Enrollment Services

## Authorization for Release of Information

### AUTHORIZATION FOR RELEASE OF GRADE(S), ACADEMIC STATUS, ENROLLMENT STATUS, ATTENDANCE AND FINANCIAL DISCLOSURE

I hereby authorize Louisiana Delta Community College (LDCC) to release my grades, academic and enrollment status, class schedule, attendance, financial and other enrollment related information to my parent(s), or other named individuals or entities listed below. I understand that this release is binding until officially revoked.

Please Print:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only to the persons specifically listed above. This release does not permit the disclosure of these records to any other person(s) or entities without my written consent. PLEASE NOTE: This form must be submitted in person by the student requesting this release.

Student Name: (Print) \_\_\_\_\_

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

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

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

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*Enrollment Services use only*

Form of ID \_\_\_\_\_ Identity Verified By: \_\_\_\_\_

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