

# INDEPENDENCE JUNIOR COLLEGE

## Authorization and Consent to Release Education Records

By completing this authorization and consent form, a student may grant permission to authorized personnel of the Junior College to release some or all of their education records to a third party.

I authorize \_\_\_\_\_ (Office/School) of Independence Junior College to discuss or release the following information to the person(s) identified below:

- \_\_\_\_\_ Academic Records(transcript, grades, GPA)
- \_\_\_\_\_ Advising Records
- \_\_\_\_\_ Student Account and Billing Records
- \_\_\_\_\_ Financial Aid Records( grants, loans, scholarships)
- \_\_\_\_\_ Student Affairs Records(housing, conduct/disciplinary)
- \_\_\_\_\_ Other(specify) \_\_\_\_\_

### Persons authorized to receive these records:

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone#: \_\_\_\_\_  
For the purpose of: \_\_\_\_\_  
\_\_\_\_\_

### Persons authorized to receive these records:

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone#: \_\_\_\_\_  
For the purpose of: \_\_\_\_\_  
\_\_\_\_\_

By my signature, I acknowledge this consent and authorization to be valid. I understand that this consent remains in effect until written revocation from me is received by the above mentioned office/department/school. I also understand that such revocation does not affect disclosures previously made.

Student Name (print) \_\_\_\_\_  
Signature \_\_\_\_\_  
Student ID number: \_\_\_\_\_  
Date \_\_\_\_\_

*Note: Form must be filed by the student with the office/department/school that is being requested to share information with a third party as noted above.*