



Student Information Release Form

I grant permission to the staff of Lewis-Clark State College to release information as indicated:

___ Financial issues including, but not limited to, student account charges, financial aid, and account balance.

___ Academic information including, but not limited to, current and future enrollment status, cumulative grade point average, and academic standing, time and location of classes, grades.

___ Specific request _____

(If a mailing is requested, please provide address for authorization person or company.)

I grant permission to the following people to receive information from Lewis-Clark State College:

Name (please print) Relationship to Student

Name (please print) Relationship to Student

Name (please print) Relationship to Student

This form will be honored by the College until rescinded in writing by the student. This means if the student experiences life changes such as divorce, parental issues, etc. it STILL REMAINS the student's obligation to inform the Office of Admission/Registrar IN WRITING to rescind this form to prevent student data from being released to the individuals listed above.

Student Name (printed) ID # or Social Security #

Student Signature Date

**Please Return Form to:
Office of Admission/Registrar
Reid Centennial Hall Room 108**

For Office Use Only

In STMC enter FIN or ACAD or both in #1 of MISC 10

In #2 of MISC 10, enter the person's name who info is to be released to and their relationship to the student.

Ex. John Smith, father