

## Student Information Form Permission to Release or Restrict Educational Records

You must submit a copy of your photo ID with the	s form.						
Student Full Name	Student Ba	Student Banner ID					
Date of Birth (MM/DD/YR)			•				
I hereby give permission to discuss or d but not limited to the following: Education Recor Record Information, Student Accounts Informatio Grades/GPA  Information may be released to:	l Information, Demo	graphic l	nform	ation,	Fina		ling,
intermunen may ev rereases ee.							
Full Name or Names	Phone	Number					_
Address							_
☐ Both Parents							
<ul><li>☐ Mother</li><li>☐ Father</li></ul>							
□ Spouse							
☐ Other							
Relationship							_
Restrict the Release of Directory Information should realize that directory information will be held in confidence, we Community College will not be acknowledged in will be listed in print or electronic media, and the commencement program, Dean's list announcement	this action could have which means the stud- esponse to routine in student's name will n	ve negati ent's pres quires. I not be pul	ve consence a No direction	seque at Sou ectory I in th	ences.  oth Lover inforce  otherwise	All ouisia rmati	
Student Signature	I	Date					
Registrar's Office (regarded in SDACMNIT SOATEST	ar SDAIDEN) I	Date					