



Student Information Form

Permission to Release or Restrict Educational Records

You must submit a copy of your photo ID with this form.

Student Full Name

Student ID # (LoLA):

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Date of Birth (MM/DD/YR)

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_____ I hereby give permission to discuss or disclose information from my personal records regarding, but not limited to the following: Education Record Information, Demographic Information, Financial Record Information, Student Accounts Information, Transcripts, Verification of Enrollment, and Grades/GPA

Information may be released to:

Full Name or Names

Phone Number (____)____-____

Address

- ☐ Both Parents
- ☐ Mother
- ☐ Father
- ☐ Spouse
- ☐ Other _____

Relationship

_____ **Restrict the Release of Directory Information Note:** Students who wish to restrict the release of directory information should realize that this action could have negative consequences. All directory information will be held in confidence, which means the student's presence at South Louisiana Community College will not be acknowledged in response to routine inquiries. No directory information will be listed in print or electronic media, and the student's name will not be published in the commencement program, Dean's list announcements, honors, recognitions or newspaper listings.

Student Signature

Date

Registrar's Office (recorded in SPACMNT, SOATEST, or SPAIDEN)

Date