



INFORMATION RELEASE

Instructions: Complete all sections below. This form will be accepted only if submitted by the student requesting the release of information.

I, _____, authorize River Parishes Community College to release the information identified below to _____.

Information to be released (check those that apply):

- All information regarding my educational record (e.g., grades, semester schedule, etc.)
- All information concerning my disability and accommodations
- Other: _____

This release is effective for the following period:

Start Date

End Date

Student's Printed Name

Social Security Number

Signature of Student

Date