

Lawson State

COMMUNITY COLLEGE

Return form to:
Office of Records

Birmingham Campus
3060 Wilson Road
Birmingham Alabama 35221
AX: 205-923-7106

Bessemer Campus
1100 9th Avenue SW
Bessemer, AL 35022
FAX 205-426-7427

RELEASE OF INFORMATION FORM

The purpose of the Educational Rights and Privacy Act of 1974 is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information contained in a student's college records. I understand that in order for the Office of Records to honor a verbal or written request for information by anyone other than the individual student, a signed authorization must be on file.

(Please Print Clearly)

Therefore, I _____, SS# _____
authorize the Lawson State Community College Office of Records to release information to:

(NAME) (RELATIONSHIP TO STUDENT)

The above information will be released with my full consent. I understand that this authorization remains in effect from today through _____ (month/year). It will be necessary to send a written letter to revoke this authorization prior to the expiration date I have indicated.

Signature: _____ Date: _____