



Release of Information Form

In Compliance with the Family Educational Rights and Privacy Act (FERPA), the policy of RSTC is to refuse to grant third party access to student records without the written consent of the individual student. Any consent given must include the specific records to be released or reviewed and the names of the individual(s) to whom the information may be released. If you wish to grant permission for your records to be reviewed, please complete the form below.

Student Name: _____ Student # _____

Date of Birth: _____ Phone # _____

I request the following records to be released:

____ **All of my student records**

____ **Academic Records**

(Including transcripts; academic status; advising; admissions office files, etc.)

____ **Financial Aid Records**

(Including all financial aid applications, awards and files, balances, and business office files, etc.)

____ **Disciplinary Records**

(Including any disciplinary event or hearing, or other disciplinary action or response)

____ **Other (Specify)** _____

To Whom may the Student files be released?

Name:

Relationship:

NOTE: I understand that this release is valid for a period of one hundred and twenty (120) days. I further understand that I may cancel or revoke this authorization at any time in writing.

By my signature below, I consent to the release of the above listed information/documents.

Printed Name of Student: _____

Student Signature: _____

Date: _____

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