



# Release of Information Form

Student Name (Print) \_\_\_\_\_ Empl Id \_\_\_\_\_

In accordance with the Family Educational Rights to Privacy Act (FERPA), Dabney S. Lancaster Community College protects the personally identifiable information within students' educational records. FERPA limits the release of educational records, except in those cases where a student provides written authorization. By completing this form, you are authorizing, Dabney S. Lancaster Community College to release information contained within your records.

I, \_\_\_\_\_ authorize Dabney S. Lancaster Community College to disclose information in the following selected record(s):

- Academic Grades/Transcripts
- Financial Aid Records
- Course Performance:
- Placement Information
- Student Conduct Records
- Student Financial Records
- Other \_\_\_\_\_

This information may be provided to:

| Name of Individual/Agency | Relationship to Student |
|---------------------------|-------------------------|
| 1. _____                  | _____                   |
| 2. _____                  | _____                   |
| 3. _____                  | _____                   |
| 4. _____                  | _____                   |

I acknowledge by my signature that I understand that, I am not required to release my records. I am giving consent to release the designated information to the above named person(s)/Agency. I further understand that in order to revoke access to my account, I must submit a request in writing.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return the completed form to Student Services at:*

DSLCC – Student Services  
1000 Dabney Drive  
Clifton Forge, VA 24422  
Telephone: (540) 863-2820  
Fax: (540) 863-2915