



LARAMIE COUNTY COMMUNITY COLLEGE RELEASE OF INFORMATION

_____ Student ID number _____
(print full legal name)

I hereby authorize Laramie County Community College to release all information regarding billing, financial aid file completion, and financial aid award type, amount and status, grades, class schedule, or all of the above

To _____ Relationship _____

To _____ Relationship _____

To _____ Relationship _____

I also authorize _____ Relationship _____
to complete registration transactions (registration, add and drop) on my behalf for the 2010-2011 and 2011-2012 academic year(s). For other dates, please specify _____.

I authorize the release of this information for the purpose of paying my bill, monitoring my account and/or checking on my progress at Laramie County Community College.

I understand that this release of information may be revoked at any time by contacting the Student Records and Registration Office and that this release covers only the term(s) indicated and must be re-submitted if LCCC is to disclose information past the time frame indicated on this form.

Signature _____

Date _____