



AUTHORIZATION TO RELEASE STUDENT INFORMATION

Enrollment Services

2500 Carlyle Avenue, Belleville, IL 62221
618-235-2700, ext. 5217 • Email: enrollmentservices@swic.edu

I, _____, authorize Southwestern Illinois College under the guidelines of the
(student name)

Family Educational Rights and Privacy Act of 1974 (FERPA) to release or discuss the educational records indicated below to the individuals or agencies also listed below. FERPA is a federal law designed to protect the privacy of education records, to establish the right of students to inspect and review their educational records, and to provide guidance for the correction of inaccurate and misleading data through informational and formal hearings.

Information to be released by Enrollment Services - Check those that apply:

- | | |
|--|--|
| <input type="checkbox"/> Academic Standings (GPA) | <input type="checkbox"/> Earned Degrees |
| <input type="checkbox"/> Courses in Progress | <input type="checkbox"/> Enrollment Status |
| <input type="checkbox"/> Military ID-Indicate declared program _____ | |
| <input type="checkbox"/> Other-explain _____ | |

Identify the person or agency Enrollment Services is authorized to release the above information to:

Person Name: _____

Agency Name (if applicable): _____

Address (if applicable): _____

Check one:

- Mail
- Fax
- Pick Up with ID
- Email _____
(if applicable)

City

State

Zip

Fax (if applicable): _____ - _____ - _____

Phone: _____ - _____ - _____

Student's Name (Printed): _____ SSN or ID _____ - _____ - _____

Student's Signature: _____

Student's Permanent Address: _____

City

State

Zip

Office Use Only:

ID Verified: YES / NO

Initials: _____

Date: ___/___/___

Student's Telephone Number: _____ - _____ - _____

Student's Date of Birth: ___/___/___

Date of Request: ___/___/___

Applicable semester - check one:

- Fall _____ (year)
- Spring _____ (year)
- Summer _____ (year)