









## **Release of Information Form**

Name (Please	•				
	(Last)		(First)	(Middle)	
Student ID/SS	N:				
	the applicable items bel named here (Please pri	•	ne release of the correspond	ing information to the	
Initials:					
1)	I authorize IECC School Officials with a legitimate educational interest to discuss and/or release information pertaining to my class attendance, courses, grades, academic progress toward graduation, and performance in class.				
2)	I authorize the Record's Office to release an unofficial transcript, information pertaining to enrollment, and individual course grades. Official transcripts must be requested by the student using the transcript request process. (Visit <a href="www.iecc.edu/transcript">www.iecc.edu/transcript</a> )				
3)	I authorize the Financial Aid Office to release any and all information pertaining to my financial aid records.				
4)	I authorize the Business Office to release any and all information pertaining to my financial account.				
5)	If an athlete, I authorize my coach(es) to release a copy of my unofficial transcript to educational institutions for recruitment into collegiate athletic programs. Official transcripts must be requested by the student using the transcript request process. (Visit <a href="www.iecc.edu/transcript">www.iecc.edu/transcript</a> )				
6)	I authorize members of TABIT and other School Officials with a legitimate educational interest to releas any and all information pertaining to conduct-related matters.				
	d this release is in effect Services Office in writin	-	nrolled at IECC unless I cance	I such consent by notifying	
Student's Sig	gnature:		Da	te:	
		For Offic	e Use Only		
Date entered in Banner:		Entere	Entered in Banner by:		
******	******	********* ST	OP ********	******	
•	-	elease of Information	o: Cancel the Release of Info effective on the date of my signat		
Student's Sig			Date	:	
	For Office	ce Use Only – Canc	el the Release of Information		
Date entered in Banner: E			ntered in Banner by:		