









Release of Information Form

Name (Please	print):				
	(Last)		(First)	(Middle)	
Student ID/SS	N:				
-	the applicable items belonamed here (Please prin		e 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 www.iecc.edu/transcript)				
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 www.iecc.edu/transcript)				
6)	I authorize members of TABIT and other School Officials with a legitimate educational interest to release any and all information pertaining to conduct-related matters.				
	I this release is in effect a Services Office in writing		rolled at IECC unless I cance	I such consent by notifying	
Student's Sig	gnature:		Da	te:	
		For Office	e Use Only		
Date entered in Banner:		Entere	Entered in Banner by:		
******	******	********** ST(OP **********	******	
-	-	elease of Information	: Cancel the Release of Info effective on the date of my signat		
Student's Sig	gnature:		Date	:	
	For Office	ce Use Only – Cance	Date I the Release of Information		
Date entered in Banner:		Entere	Entered in Banner by:		