

Central Louisiana Technical Community College

Division of Student Affairs · Department of Student Services

Revocation of Authorization for Release of Information

REVOCAION OF AUTHORIZATION FOR THE RELEASE OF GRADE(S), ACADEMIC STATUS, ENROLLMENT STATUS, ATTENDANCE AND FINANCIAL DISCLOSURE

I no longer authorize Central Louisiana Technical Community College (CLTCC) to release my grades, academic and enrollment status, class schedule, attendance, financial, and other enrollment- related information to my parent(s), or other named individuals, or entities listed below.

Please Print:

Name

Name

Relationship

Relationship

Address

Address

City, State, Zip

City, State, Zip

Email

Email

If I have previously authorized the release of information to any parties not named in this form, I understand that I must submit and sign an additional revocation form(s) in order for those prior authorizations to be revoked. **PLEASE NOTE: This form must be submitted in person by the student requesting this release.**

Student Name (Print): _____

Student Signature: _____

Student ID Number: _____

Date: _____

Student Services use only

Form of ID: _____ Identity Verified By: _____

Date: _____