

INTERNATIONAL STUDENT CENTER PERMISSION TO RELEASE INFORMATION



To update any person listed, please submit a new Permission to Release Information Form to the International Student Center. Please type or write legibly in blue or black ink.

STUDENT INFORMATION		
Last Name (Surname):	First Name:	Middle Name:
Date: (MM/DD/YYYY)	LATTC Student ID Number:	
By signing this form below, I certify that I give LATTC permission to release my personal information to the following people/organization:		
Last Name, First Name(s): 1. 2. 3. 4. 5.	Relationship: 1. 2. 3. 4. 5.	
I give permission to only release the following information (check all that apply):		
☐ Immigration Records (i.e.: copies of my I-20, information about my I-20 status, etc.) ☐ Academic Records (i.e.: copies of transcripts, information about my grades, etc.) ☐ Other (please describe): _____		
Student Acknowledgement		
I give LATTC permission to release this information to the people state above. They will be asked to present a valid identification before my information is release. <u>If I want to make changes to this permission request, it is my responsibility to inform LATTC of these changes in writing.</u> This form is only valid while the student is active at LATTC. The listed people will not have access to any record/file <u>after</u> above named student is no longer a student at LATTC.		
Student Signature:	Date: (MM/DD/YYYY)	

OFFICE USE ONLY	
Processed by:	Date: