



# HOWARD COLLEGE STUDENT RECORDS RELEASE REQUEST

To: Registrar's Office  
Howard College

From: \_\_\_\_\_  
Name of Student Social Security Number

\_\_\_\_\_  
Street Address City State Zip Code

Under Federal legislation, namely the Family Educational Rights and Privacy Act of 1974, I understand that my educational records cannot be released without my written permission.

I, therefore, request that the information listed below be released to the following:

\_\_\_\_\_  
Name of Person authorized to receive my information

\_\_\_\_\_  
Street Address City State Zip

Information to be released:

- All Records (Academic and Financial)  
 Academic Records  
 Financial Records
- \_\_\_\_\_

\_\_\_\_\_  
Signature of Student Date