



Consent for Release of Information

Admissions and Records

Enrollment Services

Student Name (print) _____ SSN or ID _____

I, the undersigned, hereby authorize Richland Community College to release the following education records and information (identify records or type of records) _____

to (name and address of person/agency to receive information) _____

for the specific purpose of _____

I understand that (1) I have the right not to consent to the release of my student education records; (2) I have the right to review such records within 45 days of my written request; and (3) I have the right to revoke this consent at any time, except that such revocation shall not affect disclosures made prior to receipt of revocation.

This consent will expire on _____ and cannot be renewed without my written consent.

Student's Signature _____ Date _____

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations that prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations.