

**BOSSIER PARISH COMMUNITY COLLEGE
STUDENT INFORMATION RELEASE FORM**

I, _____, _____,
Student Name Campus Identification Number

hereby give my permission to discuss or disclose information from
my personal records regarding the following:

Grades	Transcripts
Financial aid	Attendance
Discipline records	Other

These records may be disclosed by the following means:

In Person	By Fax
By Phone	By Email

Please release the information indicated above to the following:

_____	_____
Name	Relationship to Student

This information release is only good for the _____ semester.

_____	_____
Student Signature	Date

_____	_____
Received By	Date