

**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

The purpose for this disclosure is the following: _____

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

_____ Witness _____ Date

_____ Witness _____ Date