

COURSE NUMBER	SECTION	COURSE TITLE	DAYS	TIME	TIME

FERPA CONSENT TO RELEASE STUDENT INFORMATION

By my signature on the front of this card, I hereby authorize Luna Community College to release to my high school **all** final grades at the end of _____ / 20 _____.
Specify Term Specify Year

In addition, within the term I also authorize the release of my mid-term grades to my high school and understand that mid-term grades are not an official recording grading period at LCC. Mid-term grades are only intended to give an indication of progress.

In addition, within the term I authorize the release of information relative to class rosters, student schedules, billings, Early Alert referrals and any other educational records relative to the term specified above.

I understand the information may be released orally, electronically or in the form of copies of written records. I have the right to inspect any written records pursuant to this consent (except for documentation received marked otherwise). I understand I may revoke this consent prospectively.

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CONCURRENT ENROLLMENT REGISTRATION CARD

FALL/SPRING/SUMMER _____

Update Request (check appropriate box)
 Name Address Telephone Number

PLEASE PRINT BELOW

LCC ID # H.S.: _____

SSN — —

NAME _____

ADDRESS _____

CITY/STATE _____

ZIP _____

TELEPHONE NUMBER _____

HIGH SCHOOL _____

TRACK A B C

SIGNATURES	DATE
STUDENT (indicates agreement to register and FERPA release identified on back)	
PARENT / GUARDIAN (indicates agreement to register and FERPA release identified on back)	
COUNSELOR / PRINCIPAL	
DUAL-CREDIT COORDINATOR	

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