



To update any person listed, please submit a new Permission to Release Information Form to the International Student Center. Please type or write legibly in blue or black ink.

STUDENT INFORMATION

Last Name (Surname):	First Name:	Middle Name:
Date: (MM/DD/YYYY)	LATTC Student ID Number:	

By signing this form below, I certify that I give LATTC permission to release my personal information to the following people:

Last Name, First Name(s):	Relationship:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

I give permission to only release the following information (check all that apply):

- Immigration Records (i.e.: copies of my I-20, information about my I-20 status, etc.)
- Academic Records (i.e.: copies of transcripts, information about my grades, etc.)
- Other (please describe): _____

Student Acknowledgement

I give LATTC permission to release this information to the people state above. They will be asked to present a valid identification before my information is release. If I want to make changes to this permission request, it is my responsibility to inform LATTC of these changes in writing.

This form is only valid while the student is active at LATTC. The listed people will not have access to any record/file after above named student is no longer a student at LATTC.

Student Signature:	Date: (MM/DD/YYYY)
---------------------------	------------------------------

OFFICE USE ONLY

Processed by:	Date:
----------------------	--------------