



3rd Party Authorization Form

Student Name: _____

Student LoLA Number: _____

My signature on this release form permits the College to discuss my records as indicated with the person(s) named below.

PLEASE CHECK ONE:

- I give permission to disclose any and all of my education records (Full Waiver)
- I give permission to **ONLY** release the following education records below:
 - Billing/Student Accounts (Bursars)
 - Financial Aid
 - Grades
 - Graduation Information
 - Schedule
 - Course(s) progress
 - Transcripts
 - Other (must specify) _____

(PLEASE PRINT CLEARLY)

The person to whom a disclosure may be made to is:

Name: _____ Relation to Student: _____

When the person named above request information about you, they must have the following:

- Valid government issued photo identification for in-person request
- Telephone request (for Billing/Student Accounts & Financial Aid only) must provide student specific identifiers: Students name, last 4 digits of SSN, date of birth, current address &/or any demographic information.
PLEASE NOTE * - Academic records are never released over the phone
- This authorization remains in effect until revoked by me in writing.



Student Signature

Date

IF YOU ARE SUBMITTING THIS FORM IN PERSON WITH A GOVERNMENT ISSUED PHOTO ID, PLEASE STOP HERE

If you are submitting this form electronically or by mail, please attach a copy of your government issued ID as well for the person you are granting permission to:

Please return completed form to:
Delgado Community College
Office of the Registrar
615 City Park Avenue
New Orleans, LA 70119
or by email to: registrar@dcc.edu

FOR OFFICE USE ONLY:
Processed by: _____ Date: _____