



3rd Party Authorization Form

Student Name: _____

Student LoLA Number: _____

I understand that, in order for Delgado Community College to disclose personally identifiable information from my educational records to anyone other than myself, I must provide consent (authorization to release educationally related information to other colleges, legitimate government, educational authorities, and the media for educational accomplishments is assumed unless otherwise indicated). A FERPA release can be retracted at any time with written permission from the student.

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:
 - Accommodative Services (Disability Services)
 - Billing/Student Accounts (Bursars)
 - Financial Aid
 - Grades
 - Graduation Information
 - Schedule
 - 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



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 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: _____