



AUTHORIZATION FOR RELEASE ON INFORMATION

I, _____, authorize Lewis and Clark Community College instructors and staff to disclose any information about my progress, my performance, my grades, my attendance, or any other pertinent information about my class work to: _____

This consent is valid until _____ (One year after date signed.)

I understand that I may revoke this consent at any time and that the above named person is authorized to receive this information.

It has been explained to me that if I refuse to consent to this release of information, the following are the consequences; specify if any: No information will be disclosed.

Signature

Date

Witness

Date