Authorization to Disclose Non-Directory Information

RETURN THIS FORM IN PERSON WITH PHOTO ID TO:
Welcome and One Stop Center – B114
19351 West Washington Street • Grayslake • Illinois • 60030-1198
Phone: (847) 543-2061 • Fax: (847) 543-3061 • Email: registrar@clcillinois.edu

Forms may be faxed or mailed in, but a copy of the student’s photo ID with signature must be included for identity verification. If there is any question about identity the student may be asked to provide identification in person. Records will only be released in person to the individuals listed below. A photo ID is required for identity verification prior to the release of any records.

Under the provisions of the Family Educational Rights and Privacy Act of 1974 as amended, I, _______________________________,

Name: ____________________________________________ CLC ID# ______________________
Phone: (_________) ___________________________ Student Email: ______________________

hereby authorize the college to disclose the following information from my educational record:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ All Records</td>
<td>Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended, and mailing address information.</td>
</tr>
<tr>
<td>☐ Registration Records</td>
<td>Includes courses taken, grades received, GPA, academic progress, honors, transfer credit awarded and degree(s) and/or certificate(s) awarded.</td>
</tr>
<tr>
<td>☐ Academic Records</td>
<td>Includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, and collections and debt information.</td>
</tr>
<tr>
<td>☐ Accounting Records</td>
<td>Includes all general financial aid information.</td>
</tr>
</tbody>
</table>

Please check the option(s) above which you wish to authorize.

to the following individual(s):

__________________________________________________________________________
(individual’s name) (relationship to student)

__________________________________________________________________________
(individual’s name) (relationship to student)

for the purpose of:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

I fully understand that the college does not assume any responsibility for contacting me for subsequent release of this information and, regardless of the effect upon me; the college assumes no liability for honoring my instructions. I understand I may revoke this authorization at any time.

__________________________________________________________________________
(Student Signature) (Date)