

L A K E E R I E C O L L E G E

STUDENT SUCCESS CENTER

Release of Information Form

Name _____

Date _____

Address _____

SS# _____

City/State/Zip _____

Student ID# _____

Date of Birth _____

I hereby give permission to _____

to release the following information:

Entire record, including all psychological, medical and academic records, as well as _____.

Any transcripts, progress reports and/or other evaluations.

Personal telephone conversations and/or consultations related to my academic, or social progress with the following staff: _____.

Other: _____.

The information is to be sent to:

Dr. John Spiesman,
Director of Student Success Center
Lake Erie College
391 W. Washington St.
Painesville, OH 44077

This release of information is valid for as long as I am a student at Lake Erie College.

Student Signature

Date

Witness*

Date

(If guardian or legal representative, please check here)