# SOUTH PLAINS COLLEGE
# AUTHORIZATION TO RELEASE STUDENT INFORMATION

*(Certification of Dependency Form)*

Student Name: (Please Print): _____ South Plains College Student ID: _____

The financial and non-directory educational record information on your student account is confidential and protected by the Family Educational Rights & Privacy Act (FERPA). FERPA is also known as the Buckley Amendment, Statute 20 U.S.C. 1232 (g), regulations 34 CFR Part 99. We cannot release certain information to another person without your written authorization. This form will allow appropriate offices to release specific information about you to the person(s) you designate below.

***I authorize South Plains College representatives to release information regarding my account as indicated below:***

| Student Information Type | Description (Including, but not limited to, the following): | |
|---|---|---|
| Business Account | • **Account balance, charges, and credits**<br>• **Past due balances**<br>• **Refunds** | • **Third party sponsorship**<br>• **1098T** |
| Financial Aid | • **Financial aid application**<br>• **Loans**<br>• **Verification Information** | • **Award Information**<br>• **Veteran's benefits** |
| Academic Records | • **Student enrollment**<br>• **Attendance** | • **Academic records**<br>o **Grades**<br>o **Schedule** |
| Student Housing | • **Housing assignments**<br>• **Housing balances (Charges & Credits)** | • **Past due balances**<br>• **Housing refunds** |

**Please list each person you wish to have access to the above information on your account. This form does not authorize any third party to access a student's online account.**

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|---|---|---|---|
| | | | |
| **Name** | **Relationship** | **Last 4-digits SSN** | **Mo. / Yr. of Birth** |
| | | | |
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| | | | |
| **Name** | **Relationship** | **Last 4-digits SSN** | **Mo. / Yr. of Birth** |

**I understand this authorization will remain in effect until I submit a written request to the Admissions and Records Office (contact info below) to cancel this authorization.**

***Student Signature:*** _____ ***Date***: _____

***If not delivering in person, the following section must be completed by a Notary Public:**

State of _____ County of _____

On this _____ day of _____, 20___, _____ personally appeared before me,

(Check One) ☐ who is personally known to me OR ☐ whose identity I proved on the basis of _____, to be the signer of the above instrument.

Notary Public _____

Residing at _____

My commission expires: _____

| **Deliver by mail to:** | **Deliver in person or fax to:** | **Waiver will be in effect until rescinded by student:** |
|---|---|---|
| South Plains College<br>1401 S College Ave, Box C<br>Levelland, TX 79336 | Admissions & Records<br>(Levelland or Reese Campus)<br>(Fax) 806-897-3167or 806-897-5299 | Cancellation Date: _____<br><br>Student Signature: _____ |