



3000 Campus Hill Drive
 Livermore, CA 94551
 Tel: (925) 424-1500
 Fax: (925) 606-6437
 www.laspositascollege.edu/admissions

Office of Admissions and Records

STUDENT RELEASE OF INFORMATION FORM

Semester/Year: _____

I, allow the following information to be released to
Print Last, First, Middle name Student ID (Social Security Number or W)

the person(s) listed below: (Please select the items to be released)

- Registration Schedule
- Enrollment Verification Letter
- Evaluation and Diploma or Certificate
- Official Transcript
- Grades
- Enrollment and Tuition Information (tax information, tuition payments or owed)
- Other: List any additional information to release _____

This information may be released to: _____ Relationship: _____
 Please type in the name and select relationship _____
 _____ Relationship: _____

To terminate this release form I acknowledge that I must notify Admissions and Records staff in writing or in person while I am enrolled as a student at Las Positas College. I also acknowledge that this release is void one year after my last semester enrolled. Once this release is void I must then request any information, myself, in writing or in person in compliance with Las Positas College policies and procedures.

Student's Signature _____ Date _____

Please submit this form to:
 Las Positas College
 Admissions and Records
 Attn: Student Release Form
 3000 Campus Hill Drive
 Livermore, CA 94551

Fax this form to:
 Attn: Student Release form
 (925) 606-6437

Scan and email this form to:
 Attn: Student Release form
 lpc-admissions@laspositascollege.edu