



Lively
Technical
College

500 North Appleyard Drive

Tallahassee, FL 32304

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Release of Information

School policy stipulates that no student information can be shared with an organization or person without the consent of the affected student (if he/she is at least 18 years of age) or the parent/guardian (if the student is less than 18 years of age). Consequently, until we receive proper authorized signatures on the form below, we cannot send or discuss any information regarding the student in question.

Student Name: _____ Student number: _____

I hereby grant permission to release the following student information to the person/organization listed below:

(Please check all that apply)

- Attendance
- Diploma verification
- Class schedule
- Student transcript/records
- Financial aid
- Student account information
- Other _____

Individual/organization name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ Email address: _____

Relationship to student: _____

Student Signature: _____ Date: _____

Parent/guardian signature (if applicable): _____ Date: _____