



**SOUTHERN UNION**  
STATE COMMUNITY COLLEGE

*Believe it. Achieve it.*

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

**RELEASE OF RECORDS**

I, \_\_\_\_\_, have read the Student Records Policy as stated in the Southern Union State Community College Handbook. I request that information from records, files, directory information, or data directly related to me be made available to : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I must renew this request each semester that this information is to be released while I am enrolled as a student.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Semester Requested

\_\_\_\_\_  
Date



FOR OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_

DATE PROCESSED \_\_\_\_\_

PROCESSED BY \_\_\_\_\_