LAKE TAHOE COMMUNITY COLLEGE

Admissions & Records Office

Lake Tahoe Community College One College Drive, South Lake Tahoe, CA 96150

Phone: 530-541-4660 Fax: 530-542-1781

Permission to Release Educational Records

Students may request the release of information from their educational records.

Requested By (Student):		Release To (Re	Release To (Recipient):	
LAST NAME	FIRST NAME	LAST NAME	FIRST NAME	
STUDENT IDENTIFICATI	ON NUMBER	ORGANIZATION/SCH	100L	
DATE		ADDRESS		
OTHER NAMES USED W	HILE ATTENDING LTCC	CITY, STATE, ZIP		
CONTACT INFORMATIO	N (E-MAIL ADDRESS OR PHONE NUM	BER)		
Education record	information to be relea	sed:		
Transcripts				
Grades for the fol	llowing quarter:			
Other (please spe	ecify):			
			ncomplete information which would mislea with passing grades would not be processed	
urpose of releas	<u>e</u> :			
giva narmiccion	for Lake Tahas Commu	mity College to volence	the specified information to th	
give permission ecipient listed al		unty Conege to release	the specified information to th	
STUDENT SIGNATURE		DATE		
		P	ROCESSED BY: DATE:	