



# Authorization to Release Information

LFCC Admissions / Enrollment Services Office  
173 Skirmisher Ln · Middletown, VA 22645  
Phone: 540-868-7110 Email: admissions@lfcc.edu Fax: 540-868-7005

Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street or P.O. Box

City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_@email.vccs.edu

**To be submitted for the following purpose (Check all that apply):**

- Letter of Verification of Enrollment
- Unofficial Transcript Information
- Complete the attached form
- Employment
- Insurance
- Personal Review
- Other

**Additional Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check option:  mailed to you  picked up by you

I authorize Lord Fairfax Community College to release the above information as specified.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I voluntarily consent to the use of an electronic record of my LFCC student file. I acknowledge that, by logging into the MYLFCC system with my unique credentials and e-mailing from my @email.vccs.edu account to provide LFCC with this data, I have given my electronic signature which has the same legal and binding effect as a "wet" or handwritten signature.

For office use only		
Electronic signature verified by: _____	Processed by: _____	Date _____