



Release for Dependent Education Information

Records / Office of the Registrar
Skirmisher Ln · Middletown, VA 22645
Telephone: 540-868-7105 Email: records@lfcc.edu Fax: 540-868-7005

Release of Student Education Information Policy

The policy of Lord Fairfax Community College (LFCC) is to require written consent from all students in order to release education records. In accordance with this policy and the Family Education Rights and Privacy Act (FERPA), LFCC will only share education records with third parties, including parents, with the written consent from the student. The guidelines can be obtained from the LFCC catalog which can be found on our website.

As a LFCC student, you can select specific individuals to disclose your education records to by submitting a FERPA consent form with your signature to the Admissions/ Enrollment Services Office (A/ES) at one of the following locations: the Fauquier Campus, the Middletown Campus, or the Luray-Page County Center. The release form can be obtained from the A/ES Office. *The person(s) you have selected to disclose your education records to must provide a photo ID, such as driver's license or passport.* Additionally, the student has the right to revoke the granted permission at any time by submitting an updated FERPA form to the A/ES Office. Such revocation will not affect disclosures made by LFCC relying on written consent prior to receipt of such notice of revocation.

***Note for Parents:** If the student is your dependent and you do not have a release form signed by your dependent, please request and complete the *Request for Dependent Education Information* form and return it to any Records / Office of the Registrar. *You will be required to provide a photo ID and a copy of your current Federal income tax return reflecting that you are the parent and the student is your dependent.* These documents will be maintained in the student's file at LFCC to comply with federal regulations.



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Request by (Parent/Legal Guardian):

_____		_____	
Last Name		First Name	

Address			

City	State	Zip Code	

Relationship to Student			

Student Information:

_____		_____	
Last Name		First Name	

Date of Birth			

Student ID#			

Information requested: (LFCC does not post mid-term grades and will only provide final grades as posted to the official student record at the end of the semester).

- Transcript
- Current class schedule

Purpose of request:

Supporting Documentation: I have attached the following documentation to reflect that I am the student's parent/legal guardian and the student is my dependent.

- Photo ID (i.e. Driver's License, Passport) **and** Current Federal Income Tax Return

I hereby request the LFCC Records / Office of the Registrar to release the specified information about my dependent listed above.

Signature: _____ Date: _____

For office use only			
Action Taken:	<input type="checkbox"/> Completed	<input type="checkbox"/> Filed	<input type="checkbox"/> Held
	<input type="checkbox"/> Other _____		
Processed by _____		Date _____	