

SOUTH PLAINS COLLEGE
AUTHORIZATION TO RELEASE STUDENT INFORMATION

Student Name: (Please Print): _____ South Plains College Student ID: _____

The financial and non-directory educational record information on your student account is confidential and protected by the Family Educational Rights & Privacy Act (FERPA). FERPA is also known as the Buckley Amendment, Statute 20 U.S.C. 1232 (g), regulations 34 CFR Part 99. We cannot release certain information to another person without your written authorization. This form will allow appropriate offices to release specific information about you to the person(s) you designate below.

I authorize South Plains College representatives to release information regarding my account as indicated below:

Student Information Type	Make Selection	Description (Including, but <u>not</u> limited to, the following):	
Business Account	B	<ul style="list-style-type: none">Account balance, charges, and creditsPast due balancesRefunds	<ul style="list-style-type: none">Third party sponsorship1098T
Financial Aid	F	<ul style="list-style-type: none">Financial aid applicationLoansVerification information	<ul style="list-style-type: none">Award informationVeteran's benefits
Academic Records	A	<ul style="list-style-type: none">Student enrollmentAttendance	<ul style="list-style-type: none">Academic records<ul style="list-style-type: none">a. Gradesb. Schedule
Student Housing	H	<ul style="list-style-type: none">Housing assignmentsHousing balances (Charges & Credits)	<ul style="list-style-type: none">Past due balancesHousing refunds
Other	O	<ul style="list-style-type: none">Please Describe:	

Please list each person you wish to have access to the above information on your account. This form does not authorize any third party to access a student's online account.

<input type="checkbox"/> B <input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> O		
Name:	Last 4 digits of SSN:	Mo./Yr. of Birth:
<input type="checkbox"/> B <input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> O		
Name:	Last 4 digits of SSN:	Mo./Yr. of Birth:

I understand this authorization will remain in effect until I submit a written request to the Admissions and Records Office (contact info below) to cancel this authorization.

This form should be signed in the presence of any SPC official, or submitted from your SPC student email account.

Student Signature: _____ **Date:** _____

***If you prefer to fax or mail the form, you must sign the form in the presence of a Notary Public:**

State of Texas

County of _____

This instrument was acknowledged before me on _____ by _____

Personalized Seal)

Notary Public's Signature

Deliver by mail to: South Plains College 1401 S College Ave, Box C Levelland TX 79336	Deliver in person to: Admissions & Record – Levelland Campus or the Lubbock, Plainview or Reese Center Fax – (806) 897-3167	Request will be in effect until rescinded by student: Cancellation Date: _____ Student Signature: _____
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Admissions & Records Office Use Only

Received By: _____ Date: _____ Processed By: _____ Date: _____

SD 9/25/2025