



LARAMIE COUNTY COMMUNITY COLLEGE RELEASE OF INFORMATION

_____ Student ID number _____
(print full legal name)

I hereby authorize Laramie County Community College to release all information regarding billing, grades,
 class schedule, or all of the above

To _____ Relationship _____

To _____ Relationship _____

To _____ Relationship _____

I also authorize _____ Relationship _____

to complete registration transactions (registration, add and drop) on my behalf for the 20__-20__ and 20__-20__
academic year(s). For other dates, please specify _____.

I authorize the release of this information for the purpose of paying my bill, monitoring my account and/or checking on
my progress at Laramie County Community College.

I understand that this release of information may be revoked at any time by contacting the LCCC Student Hub and that
this release covers only the terms indicated and must be re-submitted if LCCC is to disclose information past the time
frame indicated on this form.

Signature _____

Date _____

Mail to: Laramie County Community College
Student Hub
1400 E. College Dr.
Cheyenne, WY 82007