



H. LAVITY STOUTT COMMUNITY COLLEGE

OFFICE OF THE REGISTRAR
P. O. BOX 3097, ROAD TOWN, TORTOLA
BRITISH VIRGIN ISLANDS

AUTHORISATION FOR RELEASE OF INFORMATION

PLEASE PRINT CLEARLY
USE BLACK OR BLUE
INK ONLY

STUDENT ID NUMBER

LAST NAME

FIRST NAME

MIDDLE INITIAL

Recipient Name

Phone number

Recipient's Complete Mailing Address

Recipient Name

Phone number

Recipient's Complete Mailing Address

I authorise H. Lavity Stoutt Community College to release the indicated Academic records from the Office of the Registrar, as noted here, for the following purpose:

(Please specify the kinds of records to be shared and the reasons for the release. For example: transcript for the purpose of updating the Ministry of Education on my grades at the end of semester 2)

Records: _____

Purpose: _____

By signing below, I hereby authorise H. Lavity Stoutt Community College to release the Academic records as specified above. Further, I agree to release, indemnify, and hold harmless H. Lavity Stoutt Community College, its employees, officers, and agents, from all liability for damages of whatever kind which may result on account of the College's compliance, or any attempts to comply, with this authorisation.

I understand that this authorisation will remain in effect throughout my continuous enrolment, unless I revoke access in writing to the Office of the Registrar.

Student's Signature: _____

Effective Date: _____

Special Note to Recipient of the Academic Record:

*Please be advised that the recipient of records under this authorisation may **not** redisclose this information from the academic records without written consent of the student or as permitted by law.*