



STUDENT FERPA RELEASE FORM

**Return completed form to:
ANGELINA COLLEGE OFFICE OF THE REGISTRAR
PO Box 1768, Lufkin, TX 75902
Phone: (936) 633-5210 Fax: (936) 633-3206
Email: documents@angelina.edu**

I, _____,
Student Name

SSN or Student ID# _____, give permission for Angelina College to
release education information to the following individual(s):

Individual(s):

1. _____ relation to student _____

2. _____ relation to student _____

STUDENT SIGNATURE _____ **DATE** _____