



Student Information Release Authorization

This application is considered a legal document and will become a permanent part of your record. Falsification of any documentation in support of this application may be cause for dismissal from the Learning 1st program and the participating institutions, and other legal action as deemed appropriate.

I certify that all information provided is correct, I understand that I may be conditionally accepted by **Troy University**, that I must meet all of the above conditions before I will be formally accepted by **Troy University**, in the **Bachelor of Human Services** program and that I am in compliance with the instructions as set forth above.

As a participant in the Learning 1st program, I hereby authorize the release of my educational re-cords between **Coastline Community College** and **Troy University** under the provisions of the Family Educational Rights and Privacy Act of 1974 (FERPA) for the period of time while I am participating in the Learning 1st program. I understand that my information will be used by both institutions and that my aggregate information may be reported to necessary third parties to conduct necessary research, for planning purposes, or to develop specialized services for me.

Those organizations and agencies to which my information may be given are prohibited by law from using it for any unauthorized purpose or from subsequently releasing it to anyone else. Information will not be sold, used for commercial purposes, or released to the public, except where required by law. Revocation of this authorization by the student will result in disqualification from the Learning 1st program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name