



**Frank Phillips College**  
Office of Educational Services  
Director of Enrollment Management  
1301 W. Roosevelt ♦ P.O. Box 5118 ♦ Borger, TX 79008  
806-457-4200 ext. 707 ♦ [www.fpctx.edu](http://www.fpctx.edu)

**Permission Release Form**

In order to protect your privacy rights, Frank Phillips College requires that all students give written permission specifying the person who may have access to the information concerning student records.

I, the undersigned student, do hereby request that information listed below be released to the person(s) named below. I understand that the person(s) listed below will be required to show proof of picture identification when requesting information in person. I also understand that if the information is requested by telephone complete information as to my 1) full name, 2) student identification number, 3) date of birth, and 4) complete address must be stated in order for any information to be released from our office to the designated person. My signature authorizes the College to release information about me during the period in which I am enrolled at the College. I understand I have the right to terminate this authorization by providing written notice to the Office of Student Services with the Director of Enrollment Management or Student Central.

**Student Record Information:**

**Financial Records:**

\_\_\_\_\_ Admissions Information (Includes enrollment status,  
receipt of transcripts from other schools and enrollment verification)

\_\_\_\_\_ FAFSA

\_\_\_\_\_ Grade Reports  
federal

\_\_\_\_\_ Awards (scholarship, state and  
Funds)

\_\_\_\_\_ Official Transcripts

\_\_\_\_\_ Loan

\_\_\_\_\_ Bank Account Information

OR

\_\_\_\_\_ ALL INFORMATION CONCERNING MY RECORDS WITH FRANK PHILLIPS COLLEGE

Printed Student Name: \_\_\_\_\_ Student  
ID#: \_\_\_\_\_

Student Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Person(s) we may release information to:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Notice: Authorization becomes valid when filed in the Office of Educational Services,  
Director of Enrollment Management.