



Authorization to Disclose Non-Directory Information

RETURN THIS FORM TO:
Office of Admissions and Records
19351 West Washington Street • Grayslake • Illinois • 60030-1198
Or fax it to: (847) 543-3061

Under the provisions of the Family Educational Rights and Privacy Act of 1974 as amended, I,

_____ (name) _____ (CLC student ID number) _____ (contact phone number)

hereby authorize the college to disclose the following information from my educational record:

to the following individual(s):

for the purpose of:

I fully understand that the college does not assume any responsibility for contacting me for subsequent release of this information and, regardless of the effect upon me; the college assumes no liability for honoring my instructions.

_____ (signature) _____ (date)