



Authorization to Release Information

Admissions / Enrollment Services Office
173 Skirmisher Ln · Middletown, VA 22645
Phone: 540-868-7110 Email: admissions@laurelridge.edu Fax: 540-868-7005

Student ID# _____ Date of Birth _____

Name _____
Last First Middle Former

Address _____
Street or P.O. Box

City _____ State _____ Zip _____

Phone _____ VCCS Email _____@email.vccs.edu

To be submitted for the following purpose (Check all that apply):

- Letter of Verification of Enrollment
- Unofficial Transcript Information
- Complete the attached form
- Employment
- Insurance
- Personal Review
- Other – include additional instructions

Additional Instructions:

Please check option: emailed to you mailed to you picked up by you

I authorize Laurel Ridge Community College to release the above information as specified.

Student Signature _____ Date _____

I voluntarily consent to the use of an electronic record of my Laurel Ridge student file. I acknowledge that, by logging into the MyLaurelRidge system with my unique credentials and emailing from my @email.vccs.edu account to provide Laurel Ridge with this data, I have given my electronic signature which has the same legal and binding effect as a "wet" or handwritten signature.

For office use only		
Electronic signature verified by: _____	Processed by: _____	Date _____