RELEASE OF INFORMATION

Cashier/Student Accounts Office & Financial Aid Office
95 North 300 West, Salt Lake City, Utah 84101
Cashier/Student Accounts (801) 524-8143 or 8153; Financial Aid (801) 524-8111 or 8110
Fax (801) 524-1900

STUDENT'S NAME:________________________________________________________

STUDENT ID#:________________________________________________________

FERPA NOTICE:
The Family Educational Rights and Privacy Act (FERPA), governs the release of records maintained by an institution of higher education and access to student records, including requests for information from parents, guardians, spouses, or others as designated by the student. For additional information regarding FERPA, please refer to the U.S. Department of Education’s website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

I, ________________________________________, give LDS Business College permission to release information regarding the processing and delivery of my financial aid and scholarships and financial/tuition information to myself and any individual(s) listed below with the appropriate access code. I also understand that picture ID is REQUIRED when any information is requested in person at the College.

I also understand that by authorizing communication to the email accounts listed below, I do so at my own risk and LDS Business College is not responsible for the security of the information.

Release information to me and/or the following individual(s):

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<th>NAME:</th>
<th>RELATIONSHIP:</th>
<th>EMAIL: (Optional)</th>
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When contacting the Cashier’s Office, Student Accounts Office, or Financial Aid Office to inquire about specific financial/tuition, financial aid, and/or scholarship information, the individual(s) listed above must provide the following access code:

_____________________________________________________.

(Access Code may be letters and/or numbers; no minimum or maximum length)

Information on this form supersedes all previous Release of Information Forms

Student’s Signature:_________________________________________ Date:___________________

Witnessed By:_____________________________________________________

(Must be a Financial Services Employee)

IF YOU ARE NOT COMPLETING THIS FORM IN THE PRESENCE OF AN LDS BUSINESS COLLEGE FINANCIAL SERVICES EMPLOYEE, THIS FORM MUST BE NOTARIZED AND SUBMITTED TO THE CASHIER/STUDENT ACCOUNTS OFFICE OR THE FINANCIAL AID OFFICE IN ORDER TO BE VALID.

NOTARY SIGNATURE:_____________________________________________________

State of____________________________________ County of ________________________

Subscribed and sworn before me this _________ day of ________________, 2010 by __________________________