



ALAMO  
COLLEGES

### Consent for Release of Personal Information

The Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, is a federal law limiting access to the educational records of students to protect student privacy. This means that Alamo Community College District, with few exceptions, may not usually release any *personal identifying information* from a student's education records unless the student gives prior written consent.

I understand that, to comply with Air Force requirements, ACCD requires my written consent to release to the military my otherwise confidential personal identifying information before I can enter Lackland Air Force Base (LAFB) property. I also understand that I have the right not to allow the release of my personal identifying information, but if I withhold permission I cannot attend classes scheduled to meet at Lackland AFB.

I understand that Lackland AFB security intends to use my full name, birth date, driver license number and state of issue, telephone number and my Social Security number to conduct a wants and warrants (criminal) background check on me.

I therefore give my permission to Alamo Community College District to release my **full legal name, date of birth, driver license number and state of issue, telephone number and Social Security number** to conduct a criminal background check on me for the purpose of clearing me to enter Lackland Air Force Base property.

Further, I understand that Lackland AFB has the sole discretion to allow access to the installation. I also understand that if access is denied that I will be withdrawn from any course(s) held on Lackland AFB.

I understand that this authorization remains in effect from today through the end of the current academic year. If I decide to revoke this authorization before the date indicated I must send a written request to: Alamo Colleges Office, 37 FSS/FSDE, 1550 Wurtsmith St., Suite 5, Lackland AFB, Texas, 78236.

Note: Civilian registration for LAFB courses ends at 4:00pm **5 calendar days prior to course start.**

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Print Full Legal Name (No nicknames) Full Social Security Number

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Signature Date

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Telephone Number Email Address

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Driver License Number & State of Issue Date of Birth

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

Completed forms may be faxed to ACCD Lackland AFB personnel at (210) 673-1510 or scanned and emailed to [bhamilton@alamo.edu](mailto:bhamilton@alamo.edu) or [mjones@alamo.edu](mailto:mjones@alamo.edu) .

# Lackland AFB Course Registration Request Form Civilian Students Only

Please note that the submission of this form whether by fax or email, ***does not guarantee enrollment*** into a Lackland AFB course. Submission of this form implies the listed student to be a current St. Philip's College student who has met all admission requirements. To the best of our ability, these forms will be processed in the order in which they are received. Enrollment confirmation will be by email only. It is the student's responsibility to verify enrollment once notified of enrollment and to pay by the payment deadline corresponding with the date of email notification (see Registration & Payment Dates in the Online St. Philip's College schedule).

If our staff is unable to process your registration for any reason, you will be notified by telephone.

\_\_\_\_\_  
Full Student Name (Please Print)

\_\_\_\_\_  
SSAN

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

-  
**Please enroll me for the following courses:**

EXAMPLE:

Freshman Composition I  
\_\_\_\_\_  
Course Name

ENGL1301.425  
\_\_\_\_\_  
Course Number

Spring Flex I  
\_\_\_\_\_  
Term

\_\_\_\_\_  
Course Name

\_\_\_\_\_  
Course Number

\_\_\_\_\_  
Term

\_\_\_\_\_  
Course Name

\_\_\_\_\_  
Course Number

\_\_\_\_\_  
Term

\_\_\_\_\_  
Course Name

\_\_\_\_\_  
Course Number

\_\_\_\_\_  
Term

\_\_\_\_\_  
Course Name

\_\_\_\_\_  
Course Number

\_\_\_\_\_  
Term

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Submitted

**THIS FORM MUST BE ACCOMPANIED BY A FERPA RELEASE FORM**  
**Completed forms may be faxed to (210) 673-1510 or**  
**emailed to [bhamilton@alamo.edu](mailto:bhamilton@alamo.edu) or [mjones@alamo.edu](mailto:mjones@alamo.edu)**