



2021-2022 Parental Access to Academic and Financial Aid Records

This form cannot be faxed or emailed.

Return this form to the address below.
Lurette Community College
Financial Aid
200 South 14th
Parsons, KS 67357

This form must be submitted each academic year.

Student Name: _____
Please print

Student ID number: _____ Date: _____

I hereby consent to my parent(s) periodic access for the academic year 2021-2022,
to my academic and financial aid records that are maintained at Lurette Community
College.

Please print the full name of parent(s) with access approval:

Student signature:

(Signature)

(Date)