



STUDENT INFORMATION RELEASE FORM

APPRENTICESHIP PROGRAM
ADVANCED TECHNOLOGY DIVISION

Student Name:

First _____ Middle _____ Last _____

Date of Birth: _____

Lane Community College ID#: _____

Apprenticeship Trade: _____

As a participant in the apprenticeship program, I give permission for the following individuals:

Joint Apprenticeship Training Committee Coordinator _____

Joint Apprenticeship Training Committee

Employer _____

To have access to:

Registration information

Lane Academic History/Grades

Quarterly Transcripts

Financial Status/Student Account Holds

BOLI Apprentice Agreements

Student Signature: _____

Date: _____

RETURN COMPLETED FORM to Apprenticeship Office via email, fax, or standard mail.

EMAIL: crumpj@lanecc.edu

FAX: 541-463-3951

MAIL: Joy Crump, Apprenticeship Program
Lane Community College – 15/201
4000 E 30th Ave
Eugene, OR 97405