



**CONSENT TO RELEASE
ACADEMIC AND FINANCIAL INFORMATION**

I, _____, (_____)
(Print Your Name) (SCC Id or SS#)

hereby give permission for _____
(Print Name(s))

to have access to confidential information about me as well as my academic and financial records at St. Charles Community College.

(Signature) (Date)

(SCC Witness) (Date)

***Please note the signing of this form must be witnessed by a College employee and a picture id will be required.**

For Office Use Only: FERPA