In accordance with the Family Education Rights & Privacy Act (FERPA), St. Charles Community College is legally prohibited from releasing the information contained in an educational file without written consent of the student.

This consent form allows students to grant parent(s), guardian(s), spouse, and/or others to register them in classes and/or obtain account balance information in order to make tuition payments at St. Charles Community College.

All permissions granted will stay in effect until revoked by the student. You must inform the Enrollment Services Office in writing to cancel release of information for each authorized individual.

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**This form applies to REGISTRATION and ACCOUNT INFORMATION only**

Student Name: ____________________________ (_______ _________ _________)

SCC Student ID #

I authorize St. Charles Community College to allow the following individual(s) to register me for classes and to obtain balance information in order to make tuition payments towards my account.

<table>
<thead>
<tr>
<th>Print Name of Authorized Individual</th>
<th>Print Name of Authorized Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name of Authorized Individual</td>
<td>Print Name of Authorized Individual</td>
</tr>
</tbody>
</table>

SCC Student Signature ____________________________ Date ____________________________

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**Please Note:** 'Authorized Individuals' registering on a student’s behalf will need to provide a valid photo ID.

This form must be returned to the following:

St. Charles Community College
Enrollment Services ADM 1113
4601 Mid Rivers Mall Drive
Cottleville, Mo 63366
FAX: 636.922.8236

For office use only: FRPRP