



# Beaufort County Community College

5337 US Hwy 264 East Washington, NC 27889

## STUDENT PERMISSION FOR RELEASE OF INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

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

As a student at BCCC, I give permission for the personnel at the college to release information regarding my attendance, academic progress, test scores, and transcript information. I also give permission for the release of my certificates or grades to any local affiliated agency, federal and state certification boards and commissions as applicable for certification purposes.

This release will remain in effect until such time as I rescind it in writing.

The name of the agency you wish us to release information to: \_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_