I hereby authorize Southern State Community College to release the information initialed below to the following individuals:

Name: __________________________________________________
Name: __________________________________________________
Name: __________________________________________________

I. INITIAL BESIDE INFORMATION TO BE RELEASED:
   _____ STUDENT RECORDS INFORMATION (admission records, registration records, grades, GPA, attendance, test scores, etc)
   _____ FINANCIAL AID INFORMATION
   _____ STUDENT BILLING/PAYMENT INFORMATION
   _____ OTHER (be specific in the information you wish to have provided) __________________
      ____________________________________________________________
      ____________________________________________________________

II. PERIOD OF TIME FOR RELEASE:
   _____ Previous terms of enrollment
   _____ Current academic year
   _____ All terms of enrollment (past, current, future)

Student ID#__________________
Student Name (Print): _________________________________________________________
Student Signature: ___________________________ Date: _________________

Revised 11/12