



## INFORMATION RELEASE FORM TO INDIVIDUAL

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: \_\_\_\_\_