



SEATTLE COLLEGES

Central · North · South · SVI

Office of Registration and Records

AUTHORIZATION TO RELEASE INFORMATION

I, _____, _____, _____
(Last Name) (First Name) (MI)

Student ID Number _____

E-mail _____

Address: _____

Authorize **SEATTLE CENTRAL COLLEGE** to share the information from my student records as indicated below:

- Unofficial transcript (grades)
- Current class schedule
- Tuition and fee information (does not include Financial Aid info)
- Other, specify _____

With the following individual(s) and organization(s):

Name & Org: _____

Name & Org: _____

Relationship and purpose for disclosure _____

I understand that by signing this FERPA related authorization, I am waiving my rights of non-disclosure of these records under federal law only as to the persons specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent.

Student Signature _____ Date _____

SCC Staff Signature _____ Date Received _____

The completed form must be submitted to the Registration Office to be included in the student's official file.

Date received and scanned in Registration _____