

Student Consent to Release Educational/Financial Records

PLEASE PRINT ALL INFORMATION

Student's Signature

l,				, freely and volunta	rily consent to the	
	ormation from my	education recor		ermission to Somers		
to make such	disclosure(s), I als	so state as follow	s:			
1.						
NAME OF PAR	RTY TO WHOM DISLOSUR	ES MAY BE MADE	NAME OF	PARTY TO WHOM DISLOSUR	ES MAY BE MADE	
ADDRESS OF PARTY			ADDRESS OF PARTY			
CITY	STATE ZIP	PHONE	CITY	STATE ZIP	PHONE	
2. Is the party	or parties a pare	nt or legal guardi	an? ☐ Yes	□No Who?		
2 Durnoso of	disclosure:					
s. Purpose or	uisclosure.					
4 5 1 11 1		1 1 1				
	Record(s) which m	-				
_	ssions/Academic r (please specify):		☐ Financia	l Records		
_ Gane	(preduce specify).					
	me during which				If no date indicated, the consent will expire when the	
From: To:				College. The most recent	student ceases to be a student at Somerset Community College. The most recent statement pertaining to release of information will apply.	
				Telease of information will	. арргу.	
STUDENT INF	ORMATION					
Student's Identification Number Date of Birth						
Student's Mailing A	ddress					
City	State	Zip		Student's Phone		

Date