



BRUNSWICK
COMMUNITY COLLEGE

Written Consent Permission Form to Release Confidential Student Information

If a student wishes Brunswick Community College to share his/her educational records with his/her parents/guardians, this form must be signed.

Please print clearly except where signatures are required. Unreadable names will be disregarded.

I, _____ ID# _____
(Print student's full name) (Social Security # or BCC ID#)

authorize representatives of Brunswick Community College to release any and all information contained in all BCC educational records, as indicated below.

I understand that all Brunswick Community College educational records may/will be shared with my parent(s) or legal guardian(s) via the designated Brunswick Community College representative(s) and the Office of Student Services.

My parent(s)/legal guardian(s) are:

Name: _____
(Print parent/guardian full name)

Relationship: _____

Name: _____
(Print parent/guardian full name)

Relationship: _____

Student Signature: _____

Date Signed: _____ Expiration Date: _____