



Written Consent Permission Form to Release Confidential Student Information

If a student wishes Brunswick Community College to share his/her educational and financial 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# _____

Date _____ Expiration Date _____

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

I understand that all Brunswick Community College educational and financial 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:

_____ Print parent/guardian full name

_____ Print parent/guardian full name

_____ Print other individual full name and relationship

_____ Print other individual full name and relationship

_____ Student Signature