

Student Signature: _____

Name: _____
Relationship: _____
(Print parent/guardian full name)

Name: _____
Relationship: _____
(Print parent/guardian full name)

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

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.

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

Date Signed: _____
Expiration Date: _____

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

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

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

Written Consent Permission Form to Release Confidential Student Information

