Garden City Community College
Release of Information

Name (Please Print)_____ Student ID# _____
Last First Middle

I, _____, give permission for the following information to be released to the individuals listed below.

Information which can be released (please **initial** all that apply)

_____ Financial Aid information (Subject to Federal Guidelines)

_____ Transcript of academic progress

_____ Attendance

_____ Course schedule, student account (including financial information, scholarships and payments)

Individuals to whom information indicated above can be released:

_____
Printed Name Relationship Date of Birth Last 4 digits of Social Security#

_____
Printed Name Relationship Date of Birth Last 4 digits of Social Security#

_____
Organization Contact Person/Title Telephone Number

Please **initial** if you wish to release information indicated above to:

_____ GCCC Coaching, Administrative and Professional Staff

I acknowledge that I am signing this form voluntarily. I further acknowledge official records will only be released when this written consent form is on file in the GCCC Business Office in keeping with policies of the American Council on Education and the Family Educational Rights and Privacy Act.

I understand that I may revoke this privilege at any time by submitting a written statement to the GCCC Business Office or Student Services staff. A revocation will not affect any disclosures made by GCCC prior to receiving the revocation.

Your signature must be notarized if this document is not signed in the presence of a GCCC Business Office or GCCC Student Services Staff Member.

_____ _____
Student Signature Date Witness (Notary Public, GCCC Business Office or GCCC Student Services Staff Member)

Student's Phone Number _____

07/11/19