



SEATTLE CENTRAL COLLEGE

One of the Seattle Colleges

Registration and Records

AUTHORIZATION TO RELEASE INFORMATION

I, _____, _____, _____
(Last Name) (First Name) (MI)

Student ID Number _____

E-mail _____

Address: _____

Authorize *SEATTLE CENTRAL COLLEGE* to share the information from my student records as indicated below:

- Unofficial transcript
- Placement test information
- Tuition and fee information
- Other, please be specific _____
- Course progress
- Current class schedule

With the following:

Name/Organization: _____

Name/Organization: _____

Name/Organization: _____

Relationship _____

I understand that by signing this authorization, I am waiving my rights of non-disclosure of these records under federal law only as to the persons specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent.

Signed _____ Date _____

Witnessed By _____ Signature/Date _____

SM 4015__ Scanned__