



Registration and Records

AUTHORIZATION TO RELEASE INFORMATION

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

Student ID Number _____

authorize **SEATTLE CENTRAL COLLEGE** to share information
from my student records as indicated below

- Unofficial transcript
- Placement test information
- Tuition and fee information
- Current Contact information (home address, email address, phone number)
- Information about immigration status
- Current class schedule
- Awards granted by the college

with the following person:

1. Name: _____

Relationship: _____ E-mail: _____

Address: _____

I understand that by signing this authorization, I am waving 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 (print name): _____

Signature: _____ Date: _____