



Department of Communication
(843) 953-7017
FAX (843) 953-7037

Department of Communication Student Information Permission Form

Date _____

Student Identification # _____

I, _____, hereby authorize representatives of the
Department of Communication at the College of Charleston to discuss my academic record and
related issues and concerns with:

(Name and complete address of recipient.)

The information can be released from today until _____.
(Indicate specific date.)

Reason for release of this information: _____

Student's Signature _____

This permission form is in accordance with the "Buckley Amendment" – The Family Education Rights and Privacy Act of 1974.