



COLLEGE OF CHARLESTON STUDENT INFORMATION RELEASE FORM



Student Name: _____

Student SID: _____

Important: Please read.

- This form must be completed in its *entirety*.
- This release form is in compliance with the “Buckley Amendment” – The Family Educational Rights and Privacy Act of 1974.
- Information specified will only be released with written approval of the student.
- Only academic information reported to the New Student Programs Office may be released with this form.

I, _____ (name),
hereby authorize the New Student Programs Office of the College of Charleston to
release by any media all information controlled by the office, excluding:

THIS FORM AUTHORIZES RELEASE OF INFORMATION (GRADES, CLASS ATTENDANCE, USE OF RESOURCES, FACULTY COMMENTS, ETC.) REPORTED TO NEW STUDENT PROGRAMS FOR THE TERM(S) INTIALED BELOW TO PARENTS AND/OR SPECIFIED THIRD PARTIES.

This information may be released for one year only as a participant in the Provisional Program:

FALL: _____ (200____)

SPRING: _____ (200____)

MAYMESTER AND SUMMER TERMS _____ (200____)

The information is to be released to: (Name and Complete Address)

Student’s Signature: _____ **Date:** _____

Office Use Only

Received by: _____ Date: _____

Released by: _____ Date: _____