



Undergraduate Academic Services  
(843) 953-5674  
FAX (843) 953-5544  
E-Mail: Undergrad@CofC.edu

## Office of Undergraduate Academic Services Student Information Permission Form

Date \_\_\_\_\_

Social Security # \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the Office of Undergraduate Academic Services at the College of Charleston to discuss my academic record and related issues and concerns with:

(Name and complete address of recipient):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information can be released from today until \_\_\_\_\_ .  
(indicate specific date)

Reason for the 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.*