SPARTANBURG COMMUNITY COLLEGE

CORPORATE AND COMMUNITY EDUCATION
PO BOX 4386
SPARTANBURG, SC 29305

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

NAME: _____
LAST NAME **FIRST NAME** **MI** **MAIDEN**

SOCIAL SECURITY NUMBER: _____-_____-_____

PROGRAM: _____

I hereby give my permission for Spartanburg Community College to release to the individuals/businesses/institutions listed below the following records.

I understand that by signing this release:

□ the group(s) listed below may request this information from Spartanburg Community College at any time, with or without prior contact with me.

□ that the conditions will remain in effect until I change them in writing and by presenting a valid picture identification if requested.

_____
SIGNATURE OF STUDENT **DATE**

□ RELEASE MY TERM GRADES AND ATTENDANCE INFORMATION TO THE FOLLOWING PERSONS/BUSINESSES/INSTITUTIONS WHEN REQUESTED UNTIL DIRECTED TO STOP:

_____
COMPANY NAME **ADDRESS** **CITY/STATE/ZIP CODE**

_____
COMPANY NAME **ADDRESS** **CITY/STATE/ZIP CODE**