

First Name: M.I.

Last Name:

Student I.D. #:

## Student Consent For Information Release

By law, Jefferson College officials are not permitted to give any information to any person, including a student's parents/spouse, about the student's 1) academic progress, including grades, attendance, academic standing, accommodations, or 2) payment or financial status. However, it is often the student's wish that information be released to his/her parents/spouse or other designated individuals, who may seek information from the College.

Please complete the space below by listing the names of individuals to whom we may release information. Check all boxes for the types of information to which they may have access.

\*RELEASE OF INFORMATION TO THIRD PARTIES: I wish to make information about my academic progress or financial status available to my parents/spouse or other parties. The boxes checked are the types of information that I would like released to each party.

Student Signature	Date		
delivered to the Registrar/Student Record		TICVOREG By IIIE	, iii wiitiiig, aiiu
Do Not Release Information I understand that this authorization will rer	main in effect unti	I revoked by me	in writing, and
Relationship:			
Name:	Academic	Financial	Behavioral/Conduct
Relationship:			
Name:	Academic	Financial	Behavioral/Conduct
Relationship:			
Name:	Academic	Financial	Behavioral/Conduct
Relationship:			
Name:	Academic	Financial	Behavioral/Conduct