



CONSENT TO DISCLOSE STUDENT RECORDS

Student Name: _____ SS#/ID# _____

Southern Crescent Technical College, in compliance with the **Family Educational and Privacy Act of 1974**, does not release student records without the consent of the student. Exceptions to this are: parents of dependent students; faculty and employees of the College who have a "legitimate educational interest" in the student's record; personnel from accrediting organizations; and to the courts upon receiving a subpoena. By completing this form, you are giving Southern Crescent Technical College permission to disclose the contents of your student record to some party other than the above named.

I, the undersigned, do hereby give Southern Crescent Technical College and its designated official, consent to disclose the contents of my academic/admissions file to the following person or agency represented by an official:

Person: _____

Agency: _____

This consent is in effect only for the above listed person or agency official, and is to be rescinded if the person does not review the file by ____/____/____;

or

There is no time limit on this consent to disclose _____

Student Signature: _____ Date: ____/____/____

School official receiving Disclosure Consent: _____ Date: ____/____/____