Coconino Community College

Student Authorization To Release Information

			@	
Last Name	**First Name**	**MI**	**CCC ID #**	
Mailing Address	**City**		**State**	**Zip Code**
-	-			
Telephone No. (include area code)	**Email Address**			

I, _____, hereby give my consent to Coconino

Student Name – Print clearly

Community College to release non-directory information to:

- ❒ Parent: _____
- ❒ Parent: _____
- ❒ Spouse: _____
- ❒ Other: _____

This consent is limited to the following information:

- ❒ Admission status
- ❒ Attendance
- ❒ Billing
- ❒ Course / Enrollment Schedule
- ❒ Financial Aid status / Awards
- ❒ Grade / Academic Transcript
- ❒ Other: _____

I understand this consent to be in effect until I submit written notification to Coconino Community College of cancellation.

_____ _____

Student Signature Date