

**CRAVEN COMMUNITY COLLEGE
Student Release Form**

Carefully read this authorization to release information about you, then sign and date in ink.

I authorize the administrative staff and faculty of the College to release information regarding my enrollment to the individual(s) listed below:

Name	Relationship
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Name	Relationship
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The disclosure may include, but is not limited to, my attendance, academic, disciplinary or employment records. The person(s) requesting information pertaining to me must present appropriate identification. This authorization is valid for two (2) years from the date signed below. I may rescind this authorization at anytime upon signed notice.

Student Name Printed	Student ID Number
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Student Signature	Date
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Notice to Rescind Authorization to Release Student Information

Student Signature	Date
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