

STUDENT AUTHORIZATION TO RELEASE INFORMATION

(2014-2015 Academic Year)

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[illegible]

This form will be accepted in person only, the student must provide a photo ID. A copy of your photo ID will be made by the College Official accepting your form. This form will **NOT** be accepted from anyone other than the student, this includes fax or email.

I, _____, hereby give my consent to Coconino
Student Name – Print clearly

Community College to release non-directory information to:

- ☐ Parent: _____
- ☐ Parent: _____
- ☐ Spouse: _____
- ☐ Other: _____
- ☐ Other: _____

This consent is limited to the following information:

- ☐ Admission status
- ☐ Attendance
- ☐ Billing
- ☐ Course / Enrollment Schedule
- ☐ Financial Aid status / Awards
- ☐ Grade / Academic Transcript
- ☐ No limitation- share anything and everything
- ☐ Other:

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

Student Signature _____

Date _____

This Section Completed by a College Official

The above named student has appeared before me and signed this document verifying his/her identity. I have made a copy of their photo identification and attached it to this form.

Document
received by:

Date:

Department:

Campus Location: ☐ Lone Tree; ☐ 4th Street ☐ Page