

## STUDENT AUTHORIZATION TO RELEASE INFORMATION

(2016-2017 Academic Year)

2800 S Lone Tree Rd • Flagstaff, AZ 86005-2701 • PH: 928-226-4219 • FAX: 928-226-4110 • finaid@coconino.edu

@			
<b>CCC ID#</b>	<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
<b>Mailing Address</b>		<b>City</b>	<b>ST Zip Code</b>
<b>Telephone No. (include area code)</b>		<b>Email Address</b>	

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 or through 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;  4<sup>th</sup> Street  Page