

## STUDENT AUTHORIZATION TO RELEASE INFORMATION

(2018-2019 Academic Year)

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

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

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 form will **NOT** be accepted by 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: <input type="checkbox"/> Lone Tree; <input type="checkbox"/> 4 <sup>th</sup> Street <input type="checkbox"/> Page