

Seminole State College



Student Authorization for Release of Information

I, the undersigned, authorize Seminole State College to release all information regarding my business office account, academic and financial aid records, to individuals that inquire in person, by phone, fax or email.

List by name qualified agency or individual in space provided.

_____ BIA/Tribe _____
_____ DHS/Caseworker _____
_____ Scholarship Benefactors _____
_____ Parents/Guardian _____
_____ Spouse _____
_____ Other _____

I understand that by signing this form, I am allowing Seminole State College to discuss all of my education related records; this includes but is not limited to,

- Grades
- Financial aid status and awards
- Balances and or payment records

Student's printed name _____
Student Identification Number _____
Signature _____
Date _____

To cancel this authorization, you must notify one of the offices listed above with a signed statement.