

**Southeastern Community College**  
**Student Consent to Release Educational and Financial Records**

Pursuant to the Family Educational Rights and Privacy Act of 1974, I, \_\_\_\_\_  
hereby consent to the release by Southeastern Community College of the information concerning my  
education records and my financial obligations with the College.

Parties to whom such records may be released:

\_\_\_\_\_  
\_\_\_\_\_

I understand that such records may not be released except on the condition that the party to which the  
information is being released will not permit any other party to have access to such information without my  
written consent.

I also understand that, at my request, I shall be provided with a copy of the educational/financial records  
released pursuant to this consent.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Witnessed by  
(SCC Enrollment Services Staff or High School Representative)

\_\_\_\_\_  
Date

This consent is valid until \_\_\_\_\_