

COLLEGE of CHARLESTON

STUDENT RECORDS RELEASE TO APPROVED THIRD PARTIES

For identity verification please fax, scan into email, or mail a copy of your ID along with this completed form.

Date: _____

Student Name whose records are to be released: _____

College ID # _____

Approved third party to whom records are to be released:

Name _____
Address _____
Telephone _____

Specific records to be released: _____

Method of delivery:

- In Person
- Email Address _____
- Fax number _____
- Mailed to _____

For office use only:

Type of approval on file:

- ___ Student approved consent to release with no revocation on file
- ___ Current avadavat for the parent of a dependent student
- ___ Identification of third party checked

Staff member (print name): _____

Date and method of release(e.g., mail, fax, email, in-person): _____

Comments: _____