

**Sandhills Community College**  
**AUTHORIZATION TO RELEASE STUDENT INFORMATION**  
**Effective Term \_\_\_\_\_**

Information contained in your educational (student) record, including financial information is confidential and protected by the Family Educational Rights and Privacy Act (FERPA). Sandhills Community College, or an agent thereof, will not release information pertaining to your educational record without prior written authorization. If you so desire, authorization to release information to another person(s) or organization(s) may be designated below.

\_\_\_\_\_  
**(Print) STUDENT NAME:** (Last, First, Middle) (Maiden) Last 4-digits of SSN# Date of Birth

I authorize Sandhills Community College staff in Student Services and/or the Business Office, to release the following from my educational record (*List specific information to be released*):

\_\_\_\_\_, \_\_\_\_\_,  
 \_\_\_\_\_,  
 \_\_\_\_\_,

(State purpose of disclosure) \_\_\_\_\_

to the following person(s) or organization(s):

Name	Relationship	Last 4-digits of SSN#	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand this authorization to release information will remain in effect until I submit a written request to cancel this authorization.

\_\_\_\_\_  
 Student Signature Date

**Witness – SCC Office:**

Dean of Student Services Name: \_\_\_\_\_  
 Dean of Campus Life  
 Director of Records & Registration (Please print)  
 Director of Financial Aid  
 Director of Finance **or** Title: \_\_\_\_\_  
 Director of Admissions  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE: If not delivering this document in person, the following section must be completed by a Notary Public:**  
*(Incomplete forms will be returned.)*

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me, (check one) \_\_\_\_\_ who is personally known to me **OR** \_\_\_\_\_ whose identity I proved on the basis of \_\_\_\_\_ to be the signer of the above instrument.

(Identifying Information)

My commission expires: \_\_\_\_\_  
 Date Notary Public

**Send completed form by mail or deliver in person to:**

**By Mail:** Sandhills Community College, ATTN: Dean of Campus Life, Registrar's Office, Financial Aid Office, **OR** Business Office, 3395 Airport Rd, Pinehurst, NC 28374  
**In Person:** Deliver form to the Dean of Enrollment Management (S123), Registrar's Office (S115A), Financial Aid Office (S127B) **OR** to the Business Office (S101).