



SANTIAGO
CANYON
COLLEGE

Student I.D. _____

SANTIAGO CANYON COLLEGE

Consent to RELEASE Student Information

Student's Name _____
Last First Middle

Information to be released to: _____
(Photo ID required) Last First

Relationship: Parent
 Guardian
 Agency – Specify: _____
 Other – Specify: _____

Specific information to be released: _____

Reason: _____

Student's Signature

Date

Copy given to student
 Original request to student file

Clerk's initials _____ Date _____