

**ILLINOIS CENTRAL COLLEGE  
STUDENT SERVICES OFFICE**

**NAME:** \_\_\_\_\_  
**LAST** \_\_\_\_\_ **FIRST** \_\_\_\_\_ **M** \_\_\_\_\_

**STUDENT ID#** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PLEASE RESTRICT ALL INFORMATION ON MY RECORDS AT ICC.  
I DO NOT WANT ANY INFORMATION RELEASED WITHOUT MY APPROVAL.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_