



Illinois Central College Release of Information

**For Records Office Use Only*

Name: _____

ICC Student ID: _____ Date of Birth: _____

Purpose of Release: _____

I understand the information below will be kept confidential and will not be shared with any other agency without my consent.

An authorized Illinois Central College staff member has my permission to release the following information:

- | | |
|--|---|
| <input type="checkbox"/> All of the following items listed | <input type="checkbox"/> Grades |
| <input type="checkbox"/> Academic Standing | <input type="checkbox"/> Instructors / Advisor Comments |
| <input type="checkbox"/> Class Schedule | <input type="checkbox"/> Number of Hours Enrolled |
| <input type="checkbox"/> Enrollment Status | <input type="checkbox"/> Refund Information |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Tuition payment information |

Information indicated above may be released to:

Name: _____

Address: _____

Address (2): _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Name: _____

Address: _____

Address (2): _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Name: _____

Address: _____

Address (2): _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

I understand that this document is valid until I request removal.

Student Signature: _____ Date: _____

Office Use ONLY

Received By: _____ Date: _____

Processed By: _____ Date: _____