



RELEASE FORM

Dear Student:

The policy of Camden County College prohibits the release of any information concerning a past or present student without the written permission of the student concerned.

At the bottom of this letter you will find an information release form. The student must sign this form. When it is returned to this office, the College will release the requested information.

Thank you for your cooperation in this matter.

Sincerely,

Jacqueline Baldwin
Executive Director of Enrollment Services

I hereby authorize Camden County College to release information concerning my enrollment, degree status, and student status to the following:

Institution, Individual, or firm _____

Address: _____

Please provide the subscriber's name (parent which the insurance is under), SS#, and/or Group # if it applies:

Subscriber's Name: _____

Subscriber's ID# : _____ Group# _____

Please indicate below the information to be verified:

Entire academic history _____

Period of time: from _____ to _____
(multiple semesters)

Term (Fall, Spring, or Summer) _____ Year _____

Student Name: _____

Student ID #: _____ Date: _____

Student Signature: _____