



Student Name:

ID Number:

USCB Email Address:

Information to be released:

(Check all that apply or check all of the above. If you have other information to be released, please indicate under other.)

Admissions

Advising

Financial Aid

Records (Registrar)

Billing (Bursar)

Student Conduct

Housing

All of the Above

Other

I authorize the University of South Carolina Beaufort to release the indicated information to the person specified below.

Legal First and Last Name:

DOB:

Legal First and Last Name:

DOB:

Student Signature: _____ Date: _____

NOTE: If submitting in person, student must provide photo I.D. at the time of submission, and USCB employee witness must also sign. If not submitting in person, this form must be notarized below.

The state of _____

(SEAL)

County of _____

Sworn before me, this _____ day of _____, A.D. 20 ____

Notary Public: _____

My Commission Expires: _____

NOTE: If you would like to cancel or removed a listed individual above from access to your educational information, you can sign the bottom in the Access revoked for section. If it is just one individual please make sure to identify which has lost the privilege.

Access revoke for:

Student Signature: _____ Date: _____

Registrar Office Signature: _____ Date: _____