

**JACKSON STATE COMMUNITY COLLEGE CONSENT FOR  
THE RELEASE OF ACADEMIC-RELATED INFORMATION FORM**

STUDENT NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

Check one or both of the following as they apply:

- I do hereby grant permission for my current instructors at Jackson State Community College to discuss and/or disclose personally identifiable (academic-related) information to my natural or adopted parent(s).
- I do hereby grant permission for my current instructors at Jackson State Community College to discuss and/or disclose personally identifiable (academic-related) information to the person(s) below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please explain the purpose of this disclosure of personal information:

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**I acknowledge that this consent form, if approved, is in effect for the one semester in which it was signed until the first day of the ensuing semester.**

**I further understand that this consent form only applies to my academic information handled by my instructor and that I must petition the Registrar for release of all other institutional records.**

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR USE BY THE JACKSON STATE RECORDS OFFICE:**

APPROVED       NOT APPROVED      DATE: \_\_\_\_\_

\*Note decision & date on SPACMNT and file original form in student's file.\*