



CONSENT TO RELEASE INFORMATION

Student Name (Print)

Student ID no. or SS No.

I understand that my signature on this form represents my consent to the release of my records and information from the Office of Admissions/Student Records at Southwest Texas Junior College. This information may be released to the following persons:

Name	Relationship	Address	Phone
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_____	_____	_____	_____
_____	_____	_____	_____

Signature of Student: _____ Date: _____

Signature of Witness: _____ Date: _____