

**STANDING RELEASE**



Student Name \_\_\_\_\_ ID# \_\_\_\_\_

Atlantic Cape Community College adheres to confidentiality policies and procedures to ensure student privacy. Accordingly, as a student, it is your right to choose to self-disclose any of the following information.

I give my permission to release and discuss the following information to:

\_\_\_\_\_ Mother Name: \_\_\_\_\_

\_\_\_\_\_ Father Name: \_\_\_\_\_

\_\_\_\_\_ Guardian Name: \_\_\_\_\_

Other Name: Athletic Representative

Please indicate the appropriate items for disclosure:

Grades

Academic Progress Reports

Financial Aid Information

Other Contact and Communication with Professors

This form is valid for \_\_\_\_\_ my tenure at Atlantic Cape or \_\_\_\_\_ semester(s)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date