

NORTH·SHORE COMMUNITY COLLEGE

One Ferncroft Road, P.O. Box 3340 Danvers, Massachusetts 01923-0840
(978) 762-4000, ext. 4169 / (781) 593-6722, ext. 6223

RELEASE OF INFORMATION PERMISSION FORM

Name of Student

High School/Grade

Student ID

Date of Birth

Student

I plan to enroll in course(s) and assume responsibility to forward grade reports, upon course completion, to my school system. If 18 years of age or older, I agree to assume financial responsibility for all fees, tuition and book costs related to NSCC courses. I give NSCC permission to release information pertaining to my Academic Performance* to the following people/institutions (please write your initials next to the people/institution to which you give permission to release information and then sign below).

_____ Guidance counselor(s) and/or other high school official(s)

_____ Parent(s)/ Legal Guardian(s): Please specify by printing the name(s):

_____ Other(s): Please specify by printing the name(s):

I acknowledge that this permission remains in effect until I provide written notification to NSCC to withdraw the above-indicated permission to release information.

Student's Signature

Date

Parent or Legal Guardian

(For students under 18 years of age only) I agree to have the above named student enroll in course(s) at NSCC. I agree to assume financial responsibility for all fees, tuition and book costs related to NSCC courses. I give NSCC permission to release information on the above-mentioned student's Academic Performance* to the high school listed above.

I acknowledge that this permission remains in effect until I provide written notification to NSCC to withdraw the above-indicated permission to release information.

Parent or Legal Guardian

Date:

*For the purpose of this document, "Academic Performance" includes but is not limited to: grades, alerts, attendance, classroom behavior, and any other items/issues that may be deemed by an NSCC official to have an affect on a student's ability to meet academic expectations.