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I,, SSN			or Student ID#	
hereby authorize Southern Regional Technical College to communicate with				
			state relationship):	
to discuss the following:				
		Placement Scores		Advisement
		Career Exploration		Admissions Process Information
		Registration Information		Financial Aid Process Information
		Academic History, including Academic Standing, and attendance in individual classes		Personal (non-academic) Counseling
This release is valid for (check one):				
		This academic semester only (specify) \Box Fa	II	□ Spring □ Summer Year
		This academic year only (specify) Year		
		As long as I am a student at SRTC		
		For this specific period of time, from:		/ / _until/ /
This release is subject to revocation in writing at any time, but revocation can have no effect on disclosures previously made.				
Last Name			_	First Name
Student Signature			_	Date
For Office Use Only Received by:				Date:

Request Revoked on: _____

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