



Department of Communication  
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FAX (843) 953-7037  
www.cofc.edu/communication

STUDENT INFORMATION PERMISSION FORM

Date \_\_\_\_\_ Student Identification # \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize representatives of the Department of Communication at the College of Charleston to discuss my academic record and related issues and concerns with:

(Name and complete address of recipient.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information can be released from today until \_\_\_\_\_.  
(Indicate specific date.)

Reason for release of this information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature \_\_\_\_\_

This permission form is in accordance with the "Buckley Amendment" – The Family Education Rights and Privacy Act of 1974.