



# CENTRAL CAROLINA COMMUNITY COLLEGE

## *Non Release of Information Form*

Before you sign, please read the complete form.

*By signing this form, I am indicating I do not want Central Carolina Community College to release information to anyone about my status as a student at the College without my written consent.*

This includes, but is not limited to the following:

- \*\*\*Verification for insurance coverage
- \*\*\*Loan deferments
- \*\*\*Job references
- \*\*\*President's & Dean's List
- \*\*\*Graduation program and publicity
- \*\*\*Who's Who Among American Junior Colleges
- \*\*\*Any academic awards

\_\_\_\_\_  
*Printed Student Name*

\_\_\_\_\_  
*Student ID Number*

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*School Year*

\_\_\_\_\_  
*Curriculum*

\* \* \* \* \*

*This form must be filled out at the beginning of each academic year.*

*Valid for one academic year only.*