State University of New York

Broome Community College

Office of the Registrar
P.O. Box 1017 - Binghamton, NY 13902
fax: 607 778-5294

voice: 778-5027

TO: OFFICE OF THE REGISTRAR

BROOME COMMUNITY COLLEGE

BINGHAMTON, NY 13902

DATE: _____ SEMESTER: _____

STUDENT'S NAME: _____

BCC - I.D. NUMBER _____

STUDENTS ADDRESS: _____

_____

RE: RELEASE OF INFORMATION

I hereby authorize the Office of the Registrar at Broome Community College to release the following non-directory information pertaining to my student records:

This information will be used for the following reason(s):

_____

_____

STUDENTS SIGNATURE _____