

CAPE FEAR COMMUNITY COLLEGE



I, _____ give permission for Cape Fear Community College to provide my

_____ grades

_____ attendance

To the following agency/agencies _____

while I am enrolled in the following HRD class _____.

No future information may be disclosed about me to any other party by Cape Fear Community College or any agent of Cape Fear Community College without my written consent.

Student Name: _____

(print full legal name)

Student Signature: _____

(sign full legal name)

Date: _____