JAMES SPRUNT COMMUNITY COLLEGE
STUDENT SUPPORT SERVICES PROGRAM
P.O. Box 398, Kenansville, NC 28349 (910) 296-2446

RECORDS RELEASE FORM

TO:_____
(Name of Agency or Health Care Professional)

I, _____, have applied for participation in the Student
(Student Name)
Support Services Program at James Sprunt Community College, which is a federally funded program that provides supportive services to economically and physically disadvantaged students while enrolled in a curriculum program at JSCC. In order to help determine eligibility for SSSP, I hereby authorize the release of any information to the Student Support Services Program at James Sprunt Community College from any appropriate agency (federal, state, or local) that may be vital to my eligibility to the Student Support Services Program. Furthermore, I consent to the release of any confidential information to any JSCC faculty or staff member who may play a role in the fulfillment of my educational goals while enrolled at James Sprunt Community College.

I, _____, do hereby certify that I am receiving benefits from the following agencies:
Temporary Assist. for Needy Families (TANF) ____ Child Care ____ Food Stamps___
Vocational Rehab. (VR) ____ Unemployment ___ Other _____

_____ I do not receive any of these services

_____ _____ _____
Student's Signature Parent/Guardian Signature Social Security Number
(if Food Stamp benefits are received)

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It is our hope to provide the aforementioned student with the support needed to succeed in his/her educational goals. Please be assured that the information you release to us will become a part of the student's permanent record that is kept in the strictest of confidence.

_____
SSS Personnel/Title

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AGENCY INFORMATION

Duplin County Social Services (and adjacent counties)

The aforementioned individual receives assistance from the
Program(s) in the period of _____.

Vocational Rehabilitation and/or agencies

The aforementioned individual is a participant in the
Program and is receiving benefits. A statement, documentation of disability, and/or copy of income verification is attached.

_____
Authorized Signature/Title

Revised 8/05/08