



AUTHORIZATION TO RELEASE INFORMATION

Student's Name: _____

Date of Birth: _____ Social Security Number: _____

I understand by signing below, I am to be co-enrolled (for the purposes of funding) with *Orleans-Niagara BOCES* and *Niagara County Community College* and give permission that my personal data be shared. Also, I will be provided instruction for preparation for the High School Equivalency Diploma, entry into Post-Secondary Education and/or Training. In addition, I will also receive counseling resources, college information and/or career guidance.

By signing below, I authorize the sharing of personal data to the school(s) listed above.

Student Signature: _____ Date: _____