



GRAYS HARBOR COLLEGE

Running Start

Informed Consent for Disclosure of Records and Information

Student Name: _____

Address: _____

Phone: _____ E-mail Address _____

Birth Date: _____ Student Identification Number: _____

Herby Authorizes: **Grays Harbor College Running Start Counselor**

To: Disclose, obtain from the exchange with the following persons:

Parent/Legal Guardian: _____

Phone # _____

High School/District: _____

School Academic Official: _____

Regarding academic planning, progreaa, information and records

Other _____

I understand my records are protected under Federal and State statutes and cannot be disclosed without my written consent at any time. I give my specific authorization for these records to be disclosed and hereby release Grays Harbor College from liability that may arise from the release of information hereby authorized. I understand a photocopy or facimile transmission of this release is as valid as the original. This release will remain in effect for the duration of my Running Start participation, unless rescinded in writing.

Student Signature

Date