Study Abroad

Florence, Italy—Spring 2010

Student Information & Release Form

PERSONAL INFORMATION:

Name: _____ Social Security No. _____-____-_____
Last First Middle

Address: _____

Day Telephone: (____)_____ E-Mail: _____

Cell/Alternative Telephone: (____)_____

AUTHORIZATION OF RELEASE OF INFORMATION:

I understand that the above information and the information included in other components of my study abroad application may be shared with individuals who play a role in ascertaining my eligibility in a Southwestern Community College District (SWCCD) study abroad program, and hereby authorize the release of this information to those members of the faculty, staff, and administration of SWCCD, and to the San Diego and Imperial Counties Community College Association (SDICCCA) and cooperating affiliated study abroad providers and institutions, foreign and domestic.

Further, I understand that, upon becoming a participant in this program, I shall be subject to all rules, regulations, and requirements as to academic standards and policies, conduct, scholarship, and continuance at SWCCD. I understand that SWCCD reserves the right to require the withdrawal of a student on account of unsatisfactory academic work or behavior.

Signature of Student: _____ Date: _____