Access to Records

Waiver Form

I, , hereby give my consent to the

# (Print Full Name Here)

HCC Student Ambassador Advisor(s) to review my Henderson Community College records to verify that I am enrolled and meet the academic requirements to become a student ambassador. I understand this information will be kept confidential.

Signature:

Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Please submit this form to:

Dr. Chad Phillips

Dean of Enrollment Mgmt./Registrar

Henderson Community College Academic/Technical Building, Room 205G Henderson, KY 42420

*Revised 1/22/2021*