



HORRY COUNTY ADULT EDUCATION
 1620 Sherwood Drive
 Conway, SC 29526

AUTHORIZATION FOR RELEASE OF INFORMATION

I give permission for the release of my employment and post-secondary school information by the following agencies to the South Carolina Department of Education (SCDE). I understand that my social security number will be used by the SCDE as well as Adult Education's state & local partner agencies. My social security number will not be released to any other third party.

Yes	No	Release to Data Match Agency:
<input type="checkbox"/>	<input type="checkbox"/>	S.C. Dept. of Employment and Workforce P. O. Box 995, 1550 Gadsden St. Columbia, SC 29202 Phone No (803) 737-2588, Fax No (803) 737-0140
<input type="checkbox"/>	<input type="checkbox"/>	Post-Secondary Institutions (to include but not limited to): S.C. Technical Colleges or the Commission on Higher Education

I give permission to the Adult Education program listed above to release my academic, attendance, and/or assessment information (including High School Equivalency Diploma Test Scores) to the following:

Yes	No	Release To:
<input type="checkbox"/>	<input type="checkbox"/>	Military Recruiters
<input type="checkbox"/>	<input type="checkbox"/>	Potential Employers
<input type="checkbox"/>	<input type="checkbox"/>	Parent/Guardian
<input type="checkbox"/>	<input type="checkbox"/>	Other:

Student's Name Printed _____ Social Security Number: _____

Student's Signature: _____
Signature of Student Date

Parent's Signature _____
Signature of Parent (if student is under age 18) Date

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