## Student Senate for California Community Colleges Consent Form for Disclosure and Eligibility Verification

Student Name:  Position: Region:	
Consent	
I	hereby authorize
(student first and last name printed)	, hereby authorize(college name printed)
that are necessary to verify my eauthorize the SSCCC to, if necessor Board of Directors for discussion.  This consent is valid as of the da office. I further understand that I	e for California Community Colleges (SSCCC) educational records eligibility to serve on the Board of Directors of the SSCCC. I further essary, disclose my eligibility status to the members of the SSCCC in and appropriate action at SSCCC Board of Directors meetings.  Atte I am elected to serve on the SSCCC until the end of my term in may revoke this release at any time by notifying the SSCCC in in writing, and that in doing so, I resign my seat on the board.
Student Signature	 Date
Eligibility	
CurrentTerm:	Number of Currently Enrolled Units:
Last Term Completed Units:	Cumulative Completed Units:
LastTermGPA:	Cumulative GPA:
government of a community colle  • Currently enrolled in a mi	76061, a student who is elected to serve as an officer in the student ege shall meet both of the following requirements: inimum of five (5) units and llege/district minimum standard academic policy.
The above-named student meets	s both eligibility requirements.
College Official Signature:	
College Official Name (printed):	
College Official Title:	
College Official Email:	College Official Phone:

The Authorized College Official must email completed page to <a href="mailto:rpatterson@ssccc.org">rpatterson@ssccc.org</a>