

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

Student Name: _____

Position: _____ Region: _____

Name of College: _____

Consent

I, _____, hereby authorize _____
(student first and last name printed) (college name printed)

to disclose to the California Community Colleges Chancellor's Office educational records that are necessary to verify my eligibility to serve on the Board of Directors of the Student Senate for California Community Colleges. I further authorize the SSSCC Executive Director to, if necessary, disclose my eligibility status to the members of the SSSCC Board for discussion and appropriate action at SSSCC Board of Directors meetings.

This consent is valid as of the date I am elected to serve on the SSSCC until the end of my term in office. I further understand that I may revoke this release at any time by notifying the SSSCC Executive Director in writing, and that in doing so, I resign my seat on the board.

Student Signature

Date

Eligibility

Current Term: _____

Number of Currently Enrolled Units: _____

Last Term Completed Units: _____

Cumulative Completed Units: _____

Last Term GPA: _____

Cumulative GPA: _____

Per California Education Code §76061, a student who is elected to serve as an officer in the student government of a community college shall meet any of the following requirements:

- Currently enrolled in a minimum of five (5) units and currently meeting the college/district minimum standard academic policy.
- Enrolled in an adult education program offered by a community college district at the time of election and throughout the student's term.
- Enrolled in community college at the time of election and throughout the student's term and is a disabled student, as defined by subdivision (b) of Section 84850.

The above-named student meets 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 pages to: verify@ssccc.org