

White Mountains Community College
2020 Riverside Drive, Berlin, NH 03570

WAIVER OF CONFIDENTIALITY

Date: _____

ID #: xxx-xx _____

I, _____, authorize the appropriate staff of the White Mountains Community College to discuss the following information with the following person(s).

Initial all you are approving

_____ Grades

_____ General Academic Progress

_____ Finances/Billing Information

_____ Financial Aid Information

_____ Childcare/Billing information

May be discussed with the following

Name _____ Address _____

This authorization shall continue indefinitely or until future written notification:

Signature Address

_____ Banner/Student File