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

Student Name:	
Position: Region:	
Date Elected:Name of	College:
Consent	
I,, hereby a (student first and last name printed)	uthorize(college name printed)
necessary to verify my eligibility to serve on the Community Colleges. I further authorize the C	ges Chancellor's Office educational records that are ne Board of Directors of the Student Senate for California Chancellor's Office to, if necessary, disclose my eligibility or discussion and appropriate action at SSCCC Board of
	ed to serve on the SSCCC until the end of my term in this release at any time by notifying the Chancellor's 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:
<ul> <li>Per California Education Code §76061, a stud government of a community college shall mee</li> <li>Currently enrolled in a minimum of five</li> <li>Currently meeting the college/district meeting</li> </ul>	e (5) units and
The above-named student meets both eligibili	ty requirements.
College Official Signature:	
College Official Name (printed):	
College Official Title:	
College Official Email:	College Official Phone:
The Authorized College Official must email c	ompleted page to:
Gina Browne – <u>gbrowne@cccco.edu</u> Julie Adams – jadams@studentsenateccc.or	g