

### Student Information Release Authorization

In compliance with the federal Family Educational Rights and Privacy Act of 1974 and Montgomery County Community College (MCCC) policy, MCCC is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fees, financial aid, and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor.

You may, at your discretion, grant the college permission to release information about your student records to a third party by submitting a completed Student Information Release Authorization. You must complete a separate form for each third party to whom you grant access to information on your student records each time you would like access to be granted. The specified information will be made available only if requested by the authorized third party. This form authorizes release only of the specified information to the indicated third-party designee when presented to a college representative. The College does not automatically send information to a third party.

Submit the completed form to the Enrollment Services Office at the Blue Bell or Pottstown Campus. Please note that authorization to release information has *no expiration date*; however, you may revoke your authorization at any time by sending a written request to the same office. **NOTE:** For the third party designee you name on this form, this release overrides all FERPA directory suppression information that you may have set up on your student record.

**Students must present their MCCC student ID with this form. Please include a copy of your designee photo id (Driver license, State Issued ID, Passport, etc.) Forms may only be submitted by Third-Party Designee if presented with a copy of the student's ID.**

#### A. Student Information

NAME (Last, First, Middle)

STUDENT ID#

CURRENT ADDRESS (STREET/PO BOX, APT, CITY, STATE, ZIP CODE)

DAYTIME PHONE

#### B. Third-party Designee

NAME (Last, First, Middle)

DAYTIME PHONE

CURRENT ADDRESS (STREET/PO BOX, APT, CITY, STATE, ZIP CODE)

EMAIL

RELATION TO STUDENT

#### Information to be Released (check all that apply):

- Grades/GPA, demographic, registration, student ID, academic progress status, and/or enrollment information
- Billing statements, charges, credits, payments, past due amount, and/or collection activity
- Financial aid awards, application data, disbursement, eligibility, and/or financial aid satisfactory academic progress
- Records maintained by the Student Records Office, including academic history
- Other (please list specific records): \_\_\_\_\_

#### C. Certification

STUDENT'S SIGNATURE

DATE