AUTHORIZATION TO RELEASE INFORMATION

The Family Education Rights and Privacy Act (FERPA) of 1974 is designated to protect the privacy of educational records, to establish the rights of students to inspect and review the educational records, and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. Muskegon Community College’s procedures for complying with the provisions of this Act can be found in the college catalog or on the web at www.muskegoncc.edu. In accordance with FERPA, the College may not discuss your academic and/or financial information with your parents, spouse, or guardian.

By completing and signing this form, you authorize Muskegon Community College to discuss your information with your designee (parent, spouse, partner, relative, guardian, etc.). The student is required to submit a *PIN Number below and the designee must confirm the PIN # with College Staff before information can be released.

You should give great consideration to this before choosing to exercise this option and submitting this form. You should know that by signing this form, College personnel may disclose any information pertaining to your records that you have authorized. This authorization will remain in effect until you submit a “Retraction of Authorization to Release Information” Form terminating this consent to the Muskegon Community College’s Student Welcome Center in the Student Center.

STUDENT NAME (Please Print): ________________________________ MCC ID NUMBER: ______________

MCC EMAIL ADDRESS: ______________________________ PHONE NUMBER: ______________

STUDENT AUTHORIZATION: (Check all that apply)
I have read this document and fully understand the contents. I agree to release all information checked and initialized below:

☐ All Financial Aid Records (records including but not limited to: status of file, award and disbursement of funds information
☐宋 All Academic/Transcript Records (records including but not limited to: transcripts, registration & schedule information, residency
☐宋 All Student Account Records (records including but not limited to: nature of, amounts due, payments received and sources of
☐宋 Instructor/Classroom Records (records including but not limited to: attendance records, progress reports, tests and homework
☐ All of the Above

State Purpose of Disclosure__________________________________________________________

☐ RELEASE INFORMATION TO
FULL NAME (FIRST, MI, LAST) RELATIONSHIP TO STUDENT STUDENT CREATED
1. ________________________________ ________________________________ __ __ __ __
2. ________________________________ ________________________________ ________________________________
3. ________________________________ ________________________________ ________________________________

☐ Print Name Student Signature Date

↓OFFICE USE ONLY↓

RECEIVED BY: ________________________________ OFFICE: ________________________________ DATE: ________________________________
☐ Checked Student ID

(Registrar’s Office Revised 01/26/11)