



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 Assistance Counter in the Student Services Center.

STUDENT NAME (Please Print): _____ MCC ID NUMBER: _____

STUDENT AUTHORIZATION: (Check one box only)

I have read this document and fully understand the contents. I agree to release all information checked and initialized below:

- Financial Aid Records
Academic/Transcript Records
Student Account Records
Instructor/Classroom Records
All of the Above

State Purpose of Disclosure _____

RELEASE INFORMATION TO

Table with 3 columns: FULL NAME (FIRST, MI, LAST), RELATIONSHIP TO STUDENT, STUDENT CREATED *PIN NUMBER REQUIRED:

Print Name Student Signature Date

OFFICE USE ONLY

RECEIVED BY: _____ OFFICE: _____ DATE: _____
Checked Student ID