



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 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 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 disclosures information that you may have set up on your student record.

Students must present their MCCC student ID with this form. Forms may only be submitted by Third-Party Designee if presented with a copy of the student's MCCC 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):

' *UDGHV *3\$ GHPRJUDSKLF UHJLVWUDWLRQ VWXGHQW , ' DFDGHPLF S
' %LOOLQJ VWDWHPHQWV FKDUJHV FUHGLWV SD\PHQWV SDVW GXH DP
' Financial aid awards, application data, disbursement, eligibility, and/or financial aid satisfactory academic progress
' 5HFRUGV PDLQWDLQH E\ WKH 6WXGHQW 5HFRUGV 2IILFH LQFOXGLQJ
' 2WKHU SOHDVH OLWV VSHFLILF UHFRUGV

C. Certification

STUDENT'S SIGNATURE _____ DATE _____