

FERPA Information Release Authorization Maricopa County Community College District

This form is required for each college institution you attend.

In compliance with the federal Family Educational Rights and Privacy Act of 1974 (FERPA) a college/university is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fee assessments, financial aid (including scholarships, grants, work – study, or loan amounts), and other student record information. This restriction applies to all third parties, including, but not limited to: your parents, spouse, or sponsor. Some exceptions to the disclosure prohibition exist.

Under FERPA, a college is permitted to disclose info parents/legal guardian), if your parents (or one of you whether your parents claim you as a tax dependent.	•	•	•	•
Please check the appropriate box: Yes, I certify that one or both of my parents, or a law of the No. I certify that my parents (or legal guardian) do law of the If only one of your parents claims you as a dependent for your consent. Information will only be shared with the Father Mother Legal guardian	o not claim me as a depende for federal income tax purpe	ent for federal income oses, please check whi	tax purposes.	
You may, at your discretion, grant the college/university by submitting a completed FERPA Information Release whom you grant access to information on your student the authorized third party. The college/university does inspect any written records released pursuant to the permission to inspect).	Authorization. You must or records. The specified informatically send in	complete a separate f mation will be made a formation to a third p	orm for each thin vailable only if req party. You have th	d party to quested by ne right to
NOTE: For the third party designee you name on this f you have set up in your student records. Your authorizat you may revoke your authorization at any time by fillin here or you can see your campus Registrar's office—plea	tion to release information ag out the Revocation of FE	expires 1 year from d	ate of submission; nt. This document	; however,
Section A: STUDENT INFORMATION				
Name:				
Last	First		Middle	
Student ID: Date of Birth:	Phone Num	nber:		
Current Address:	City:	State:	Zip:	_

Section B: PERSON TO WHOM INFORMATION MAY BE RELEASED

Please release information from my	academic record to the followir	ng person:	
Name:			
Last	First		Middle
Current Address:	City:	State:	Zip:
Email Address:	Phone Number:		
Relationship to Student: A picture ID must be presented by the	e individual authorized to view	this student's record	ı.
Security PIN: For telephonic discloss authenticate his/her identity by proving number and provide it to your third provide it your third your thi	riding a four-digit FERPA PIN nu	mber. You, the stud	•
Section C: RECORDS TO BE RELEA	SED AND FOR WHAT PURPO	OSE	
Check one or more boxes below to g describing the information sought is		of records. Informat	ion will not be shared unless the box
·	information, and any other		nt of funds information, Satisfactory ined in the Academic, Admissions,
information, assessment test scor	es, Satisfactory Academic Pro	ogress status, resid	registration information, schedule dency information, and any other ission, Records and Registration, and
·	rmation as it relates to parking	g tickets, library fine	rces of payment for tuition and fees, es, financial aid repayments, and any
☐ All student conduct records (recinvestigative reports, and any other)	•		t related to conduct issues, conduct
☐ Other (please specify):			
	•		ed medical records and not covered form must be obtained for that
The information is to be released fo	r the following purposes (chec	k all that apply):	
family communication about co	ollege experience admis	ssion to educational	institution
employment assistance	with counseling/treatment	other (please sp	pecify):

Costion D. HOLD HADRALECE AND CICKIATH	
Section D: HOLD HARMLESS AND SIGNATUI	₹F

I, the student, acknowledge the information listed above and agree to the terms of the FERPA Student Information Release Authorization as outlined in Sections A-D.

I agree to hold MCCCD and its associated college—as selected above—harmless from any and all liability for the release of my records to any entitles as specified above or any release of information as requested by accrediting authorities or government agencies.

Print Student Name—REQUIRED

Signature of Student-REQUIRED

Date

The Maricopa County Community College District (MCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit http://www.maricopa.edu/non-discrimination.