

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 per parents/legal guardian), if you whether your parents claim you Please check the appropriate by	or parents (or one of your page as a tax dependent.	•	•	• •
	both of my parents, or a lega	al guardian claim me as a	denendent for federal	l income tax nurnoses
	ents (or legal guardian) do no			
If only one of your parents clai	, , ,	·		• •
your consent. Information will	•	• •	• •	in parent claims you. Absent
Father Mother	Legal guardian	che who claims you as a a	срепасна.	
ratilei 🛥 Motilei	Legal guardian			
You may, at your discretion, graby submitting a completed FER whom you grant access to inforthe authorized third party. The inspect any written records remission to inspect).	RPA Information Release Aumation on your student record college/university does no	uthorization. You must coords. The specified inform automatically send info	omplete a separate f nation will be made a ormation to a third p	form for each third party to vailable only if requested by party. You have the right to
NOTE: For the third party design you have set up in your student you may revoke your authorizate here or you can see your campuse.	records. Your authorization tion at any time by filling o	n to release information e out the Revocation of FER	xpires 1 year from da PA Consent documer	ate of submission; however, nt. This document is located
Section A: STUDENT INFOR	RMATION			
Name:				
Last		First		Middle
Student ID:	Date of Birth:	Phone Numl	oer:	
Current Address:		City:	State:	Zip:

Section B: PERSON TO WHOM INFORMATION MAY BE RELEASED

Please release information from my academic	record to the followi	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 individua	ıl authorized to view	this student's record	<i>!</i> .	
Security PIN: For telephonic disclosure of FERF authenticate his/her identity by providing a foundment and provide it to your third party contains	ır-digit FERPA PIN nı	umber. You, the stude		a FERPA pin
		ONIQUETER	rariiv	·····
Section C: RECORDS TO BE RELEASED AND	FOR WHAT PURPO	OSE		
Check one or more boxes below to grant authorized describing the information sought is checked.	orization for release	of records. Informati	on will not be share	ed unless the box
☐ All financial aid records (records include: s Academic Progress status, income information Placement/Career Services, Financial Aid, or ar	, and any other infor			-
☐ All academic/transcript records (records in information, assessment test scores, Satisfacto documentation contained in the academic records (Cashiers Office.	ory Academic Progres	ss status, residency in	nformation, and an	y other
☐ All student account records (records includes, refund information, record hold information con	ion as it relates to pa	arking tickets, library	• •	
☐ All student conduct records (records incluinvestigative reports, and any other information	•		related to conduct	issues, conduct
□ DRS Connect Information				
□ Other (please specify):				
The information is to be released for the follo	wing purposes (che	ck all that apply):		
family communication about college expe	erience admi	ssion to educational	institution	
employment assistance with coun	seling/treatment _	other (please sp	ecify):	

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.