

Session: 2151	SOCIAL SECURITY NUMBER		
Track Code: AF			
	MPC STUDENT'S ID NUMBER		

2015—2016 Student Authorization to Release Educational Records

Use ink only.		
Last Name	First Name	MI
dents at an institution of higher edinformation from their parents, go Student Financial Services may no Students who wish to provide a <i>s</i>	ducation to control outside access to their nardians, or others as designated by the stu	called the Buckley Amendment, allows stu- educational records, including requests for udent. Without a student's written consent, ducational records to outside third parties. al Services to disclose information from
There can only be one designe of student's and designee's		d in person, by student, with a copy
manner chosen below. I und	, hereby declare that may release information to the follow derstand that I must provide the dember to gain access to information.	signee with my Student ID number.
Designee's Name:		
Designee's E-mail Address:		
Designee's last 4 digits of hi	s/her Social Security Number:	
Please indicate the relationsl	nip of the designee:	
Parent Spouse	GuardianOther: Please indica	ite relationship:
Please indicate the access lev	vel granted:	
student either by email, telephone Receive verbal informate either by email, telephone and/or	and/or in-person) cional (grants designee the right to provid in-person)	umentation and/or verbal information for de and receive verbal information only, or if revoked in writing by me, the student.
	and the one of the academic year,	see and an arrang by me, are student.
Student's Signature		Date