

Session: 2161	SOCIAL SECURITY NUMBER
Track Code: AF	
	MPC STUDENT'S ID NUMBER

2016—2017 Student Authorization to Release Educational Records

Use ink only.

Last Name	First Name	MI
dents at an institution of hig information from their pare Student Financial Services r Students who wish to provi	ghts and Privacy Act of 1974 (FERPA), initially car gher education to control outside access to their e ents, guardians, or others as designated by the stu- may not disclose information from a student's edu- ide a <i>standing release</i> to allow Student Financial ed to complete the following declaration.	educational records, including requests for ident. Without a student's written consent, ucational records to outside third parties.
There can only be one de of student's and design	esignee per form. Form must be submitted nee's official photo I.D.	in person, by student, with a copy
manner chosen below.	, hereby declare that vices may release information to the follow I understand that I must provide the des is number to gain access to information.	signee with my Student ID number.
Designee's Name:		
Designee's E-mail Add	lress:	
Designee's last 4 digits	of his/her Social Security Number:	
Please indicate the relation	tionship of the designee:	
Parent Spous	se GuardianOther: Please indicat	e relationship:
Please indicate the acce	ess level granted:	
student either by email, tele	ormational (grants designee the right to provide	
I understand that this releas	se is in effect until the end of the academic year, o	or if revoked in writing by me, the student.
Student's Signature		Date