

Session: 2141	SOCIAL SECURITY NUMBER		
Track Code: AF			
MPC STUDENT'S ID NUMBER			

## 2014—2015 Student Authorization to Release Educational Records

Last Name	First Name	MI	
dents at an institution of higher education to	o control outside access to the r others as designated by the s information from a student's e elease to allow Student Finance		
There can only be one designee per form. Form must be submitted <u>in person</u> , by student, with a copy of student's and designee's official photo I.D.			
I,, hereby declare that Monterey Peninsula College Student Financial Services may release information to the following designee and only in the manner chosen below. I understand that I must provide the designee with my Student ID num- ber. Designee must have this number to gain access to information.			
Designee's Name:			
Designee's E-mail Address:			
Designee's last 4 digits of his/her Social Security Number:			
Please indicate the relationship of the designee:			
Parent Spouse Guardi	ianOther: Please indic	cate relationship:	
Please indicate the access level granted:			
<ul> <li>All Access (grants the designee the right to provide and receive documentation and/or verbal information for student either by email, telephone and/or in-person)</li> <li>Receive verbal informational (grants designee the right to provide and receive verbal information only, either by email, telephone and/or in-person)</li> </ul>			
I understand that this release is in effect unti	l the end of the academic year	r, or if revoked in writing by me, the student.	
Student's Signature		Date	