



**Office of the Registrar
Authorization to Disclose Information**

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of educational records, to establish the rights of students to inspect and review the education record, and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. Mott Community College's procedures for complying with the provisions of the Act can be found on the college's web site under MCC Policies. In accordance with FERPA, Mott Community College may not discuss a student's academic and/or financial information with their parents, spouses, or guardian of the student. Mott Community College will not let anyone other than the student conduct business on the behalf of the student without this authorization. By signing this form, you are authorizing Mott Community College to waive this right under FERPA and allow a designee to access your education record and conduct business on your behalf.

You should give great consideration to this before choosing to exercise this option and submitting this form. You should know that by signing this form, your designee will have complete access to your educational record and Mott Community College personnel will disclose **any** information pertaining your academic record, financial aid status, and student financial account. This form will also allow your designee to conduct **any** business on your behalf. This authorization will remain in effect until the student submits written notice terminating this consent to the Office of the Registrar.

***The student must present a valid State issued ID when submitting this form. If this form is received in the mail or by fax, it must be accompanied by a photo copy of students State ID.**

Student Information

Student Name _____

Id Number _____

*Must be admitted and ID number is REQUIRED.

Student Authorization

I have read this document and fully understand the contents. I agree to release all information related to my academic record, financial aid, and/or financial account. This document will allow my designee to conduct any and all business on my behalf:

(Name of Designee) (Relationship to student)

(Name of Designee) (Relationship to student)

Date authorization begins: _____
*Semester this authorization becomes active.

Four Digit Pin _____
*A four digit pin number is REQUIRED. **Incomplete forms will not be accepted.**

Student Signature Date

Date Received: _____ Received By: _____

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