



**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 to their parents, spouses, or guardian of the student.

By completing and signing this form, you are authorizing Mott Community College to discuss the designated information with your designee (parent, spouse, relative, guardian, etc.).

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, Mott Community College personnel will disclose **any** information pertaining to the student's academic record, financial aid status, and student financial account. This authorization will remain in effect until the student submits written notice terminating this consent to the Office of the Registrar.

Student Information

Student Name _____ Id Number _____

Student Authorization

I have read this document and fully understand the contents. I agree to release all information related to my academic, financial aid, and financial account to: **(Name or Names must be indicated below)**

(Name of Individual to whom information can be released) (Relationship to student)

(Name of Individual to whom information can be released) (Relationship to student)

Term this is Effective: _____ Year 20 _____ PIN _____

Student Signature Date

Date Received: _____ Received By: _____

Office of the Registrar • 1401 E. Court St. • Flint, MI 48503 • Phone: (810) 762-0242 • Fax (810) 762-5105