



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 educational 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 website 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 without prior written consent providing authorization to do so. By signing this form, you are authorizing Mott Community College to waive this right under FERPA and allow a designee to access your educational record and conduct administrative business on your behalf.

By signing this form, your designee will have access to your educational record and Mott Community College personnel may disclose information pertaining to your academic record, financial aid status, and/or student financial account. This form also allows your designee to conduct administrative business on your behalf. This form does not, however, allow your designee to request updates from faculty or staff regarding your academic performance in a course or program, or your participation therein. MCC still retains the right of refusal based on departmental policy and/or privacy concerns. 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 photo ID when submitting this form.

Student Information - PLEASE PRINT

Student Name: _____ MCC ID: _____

1. Name of Designee: _____

Relationship to Student: _____

2. Name of Designee: _____

Relationship to Student: _____

Purpose of Release

All Financial Academic Other Specify _____

Date authorization begins: _____ Four-digit PIN: _____

Student Authorization

I have read this document and fully understand the contents.

I agree to release all information as indicated above. This document will allow my designee to conduct any and all authorized administrative business on my behalf.

Student Signature: _____ Date: _____

Date Received: _____

Received By: _____