Release of Information to Third Party

MID MICHIGAN COLLEGE
REGISTRATION & RECORDS
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 view the educational records and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. Mid Michigan College’s procedures for complying with the provisions of this Act can be found in the college catalog or on the web at midmich.edu.

In accordance with FERPA, the College may not discuss a student’s academic and/or financial information with any person but the student (or other Mid personnel) without presentation of a subpoena.

By completing and signing this form, the student below authorizes Mid to discuss the designated information with the student’s designee (parent, spouse, relative, guardian, etc.).

The student should give careful consideration before choosing to exercise this option and submitting this form. The student should know that by signing this form, College personnel will disclose to the designated individual(s) any information pertaining to the student’s academic record, financial aid status, and student financial account. This authorization will take effect starting today and remain in effect until the student submits written notice terminating this consent to Registration & Records.

IF AT ANYTIME YOU WISH TO REVOKE THIS AUTHORIZATION RESUBMIT THIS FORM WITH “REVOKE” INITIALED BELOW.

STUDENT NAME ____________________________________________
Mid Michigan College Student ID # ___________________________

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 at Mid Michigan College to (Name or Names must be indicated below).

Individual to whom information can be released (If revoking access, please initial here ______) (Relationship to student)
____________________________________________________________________________________________

Individual to whom information can be released (If revoking access, please initial here ______) (Relationship to student)
____________________________________________________________________________________________

Individual to whom information can be released (If revoking access, please initial here ______) (Relationship to student)
____________________________________________________________________________________________

Student Signature _______________________________________
Date __________________________________________________________________________________________

OFFICE USE ONLY –Revised 02/06/2023
Date Received __________________________ Date Entered in Colleague __________________________

Registration & Records
2600 S. Summerton | Mt. Pleasant, MI 48858 | (989) 386-6659 | enrollment@midmich.edu
Registrar
1375 S. Clare Ave. | Harrison, MI 48625 | (989) 386-6662 | ksimon3@midmich.edu