Release of Information to Third Party

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

> In accordance with FERPA, the college may not discuss a student’s academic and/or financial information with the student’s designee (parent, spouse, relative, guardian, etc.).

> By completing and signing this form, the student below authorizes MMCC 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 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 the Dean of Student Success.

> IF AT ANYTIME YOU WISH TO RESCIND THIS AUTHORIZATION PLEASE CONTACT THE DEAN OF STUDENT SUCCESS @ 989-317-4601 or the OFFICE OF THE REGISTRAR @ 989-773-6622 ext. 230.

STUDENT INFORMATION

STUDENT NAME _________________________________________    MMCC 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 Community College to: (Name or Names must be indicated below).

________________________________________________________________________________________

(Name of individual to who information can be released)    (Relationship to student)

________________________________________________________________________________________

(Name of individual to who information can be released)    (Relationship to student)

____________________________________________________________    _________________    _________________

Student Signature    Date

OFFICE OF THE REGISTRAR USE ONLY – Revised 9-18-08
Date Received:    Date Entered in Datatel: