



## OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

1011 PAGE ST. • TROY, NC 27371 • (910) 898-9600 • FAX: (910) 576-2176  
Federal School Code – 008087 • <https://www.montgomery.edu/financial-aid>

### (FERPA) Consent and Disclosure Form

*Please use this form to authorize the release of your educational records/financial aid application information to a third party including parent(s).*

This form must be completed by the student in person with photo identification at Montgomery Community College in the presence of an appropriate staff member. If the student is unable to do so, the form may be notarized by a Notary Public and submitted by mail to the office with which the student is directly interacting.

***This form is only valid for the current academic year.***

Name: \_\_\_\_\_  
Last First Middle Maiden

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City State Zip

MCC Student ID or SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

*Under Federal legislation, namely the Family Educational Rights and Privacy Act of 1974, I understand that my education records cannot be released without my written permission or completion of Parental Affidavit of Dependency and Request for Academic Information form by my parent or guardian. Please use this for to authorize the release of your academic records information to a third party. This form is only valid for the current academic year.*

**Section One:** As an applicant/current/former MCC student, I voluntarily authorize the release of the following academic record information to the person or agency listed below:

**I.** Type of information to be disclosed:

Attendance, Academic Records, Financial Aid/Veterans Affairs Records; Financial aid (Current Academic Year)

Other (please specify): \_\_\_\_\_

**II.** Name and address of person or agency to receive information

(Please note MCC will not release any information over the phone and photo id must be presented in person):

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

**Section Two: Signature Authorization**

Under penalty of perjury my signature below affirms that the information provided above is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If not completed in the presence of a MCC Student Services representative, then notarization is required:**

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared before me, the said named \_\_\_\_\_ known to me to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

\_\_\_\_\_  
Signature of Notary Public Commission expires: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only**

Complete below if the student signed this form and provided valid picture identification to a FAO representative.

FAO Representative (print name) \_\_\_\_\_ Date \_\_\_\_\_

*We recommend you make a copy of this worksheet for your records.*

**Submit this completed worksheet immediately to the MCC Office of Financial Aid and Veterans Affairs** FERPA2022