OFFICE OF STUDENT SERVICES-MONTGOMERY COMMUNITY COLLEGE
1011 PAGE ST. • TROY, NC 27371 • (910) 898-9600 • FAX: (910) 576-2176
Federal School Code – 008087 • https://www.montgomery.edu

2026-27 (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, (a federal law that protects the privacy of students' educational records), 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, Billing, Conduct, Educational/Academic Records, Financial Aid/VA Records; (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.

_____ Commission expires: _____
Signature of Notary Public

Signature _____
Date_____

For Office Use Only
Complete below if the student signed this form and provided valid picture identification to a MCC representative.
MCC 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 Student Services.