



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>

2023-2024 (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; (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 MCC representative.

MCC Representative (print name) _____ Date _____



MONTGOMERY COMMUNITY COLLEGE

1011 Page Street • Troy, NC 27371 • Telephone: 910-898-9600 • Fax: 910-576-2176

~ Directory Information Block ~

In compliance with the Family Educational Rights and Privacy Act of 1974, Montgomery Community College releases no personally identifiable information about students without the express written consent of the student. Exceptions to this practice are those types of information defined as "Directory Information" which includes student's name; dates of attendance; enrollment status and curriculum; academic honors; and degrees, diplomas or certificates awarded. Students who wish to block this "Directory Information" may do so by written request to the Enrollment Coordinator. Montgomery Community College discloses educational records without a student's prior written consent under the FERPA exception for disclosure to school officials with legitimate educational interests.

Directory Information Block

In accordance with the Family Educational Rights and Privacy Act (FERPA), Montgomery Community College may release the following directory information as contained in our students' educational records without the students' consent: name; dates of attendance; academic honors; degrees, diplomas, or certificates awarded.

Signing this form prevents the release of the above directory information.

Please print.

Full Name _____
 First Middle Last

Student ID Number (or last 4 digits of SSN or date of birth) _____
(for record identification purposes only)

I hereby request that no directory information concerning me be released to anyone (***includes prospective employers, other colleges and agencies, friends, etc.***). I understand that this Directory Block will remain in effect unless I revoke this agreement in writing and the revocation is received and processed by Montgomery Community College.

Signature: _____ Date: _____

Lift directory block (not valid until received and processed by MCC Enrollment Coordinator)

I request that the directory block placed on my record be removed.

Student's Signature _____ Date _____

SS use only	Date directory block rec'd _____ by (staff signature) _____	Effective term _____
	Date block lifted _____ by (staff signature) _____	