



MONTGOMERY COMMUNITY COLLEGE

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

Family Educational Rights and Privacy Act (FERPA) ~ Consent to Release Student Information ~

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law that protects the privacy of students' educational records. Educational records include information related, but not limited, to financial aid, billing, attendance, grades, conduct, etc. Montgomery Community College is responsible for the protection of students' educational records from disclosure, even to the parents, except in some limited circumstances defined by federal law. A student may authorize the release of his/her own educational records by completing this form.

Note: **Once a student turns 18 or enters a postsecondary institution**, FERPA rights transfer from the parent to the student. If a student – *of any age* – is attending college, the rights have transferred to the student. If the student is enrolled in both high school and college, the two schools may exchange information on that student. If the student is under 18, the parents still retain the rights under FERPA *at the high school* and may inspect and review any records sent by the college to the high school.

Please print. Student's Name: _____
First Middle Last
SSN or Student ID # _____ Date of Birth _____
Cell Phone # (_____) _____ Email address _____
Area Code Number

I understand that I have the right not to consent to the release of my educational records and the right to receive a copy of such records disclosed upon request. I also understand that this consent shall remain in effect from the date I sign this form giving consent until revoked by me, in writing, and that any such revocation does not affect disclosures previously made prior to MCC's receipt of written revocation from me.

By signing this form, I am voluntarily authorizing the disclosure of information maintained in my educational records at Montgomery Community College. The individuals or agencies listed below may have access to this information but must first confirm my Social Security Number, date of birth, and/or other specific identifying information that may be requested. Information cannot be requested or released via the internet. This information will be released only to the party(ies) indicated below.

Name of Individual or Agency	Relationship to me	Reason for disclosure

Student's Signature _____ Date _____

Revocation of Consent (not valid until received and processed by MCC Enrollment Coordinator or Director of Counseling Services)

I hereby revoke the consent granted above to _____
Specify individual(s) or agency(ies) from those listed above

Student's Signature _____ Date _____

SS use only	Date consent rec'd _____ by (staff signature) _____ Effective term _____
	Date revocation rec'd _____ by (staff signature) _____

