

## **FERPA Information Release Authorization**

## Maricopa County Community College District

This form is required for each college institution you attend.

In compliance with the federal Family Educational Rights and Privacy Act of 1974 (FERPA) a college/university is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fee assessments, financial aid (including scholarships, grants, work – study, or loan amounts), and other student record information. This restriction applies to all third parties, including, but not limited to: your parents, spouse, or sponsor. Some exceptions to the disclosure prohibition exist.

| Under FERPA, a college is permitted to disclose information from your educational record to your parents (or to one of your parents/legal guardian), if your parents (or one of your parents) claim you as a dependent for federal tax purposes. Please indicate the strength of the parents of the |
|--|
| whether your parents claim you as a tax dependent.   |
| Please check the appropriate box:  |
| ☐ Yes, I certify that one or both of my parents, or a legal guardian claim me as a dependent for federal income tax purposes.  |
| □ No. I certify that my parents (or legal guardian) do not claim me as a dependent for federal income tax purposes.  |
| If only one of your parents claims you as a dependent for federal income tax purposes, please check which parent claims you. Absenyour consent. Information will only be shared with the parent who claims you as a dependent.   |
| □ Father □ Mother □ Legal guardian   |
|  |

You may, at your discretion, grant the college/university permission to release information about your student records to a third party by submitting a completed FERPA Information Release Authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The college/university does not automatically send information to a third party. You have the right to inspect any written records released pursuant to this Consent (except for instances where student has already waived permission to inspect).

**NOTE:** For the third party designee you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student records. Your authorization to release information **expires 1 year from date of submission**; however, you

| Section A: STUDENT INFOR  | MATION   |                   |                                       |                 |                     |  |
|---|--|-------------------|---------------------------------------|-----------------|---------------------|--|
| Name:   |  |                   |                                       |                 |                     |  |
| Last  | First  |                   |                                       |                 | Middle              |  |
| Student ID:   | Date of Birth:   | Phone N           | Number:                               |                 |                     |  |
| Current Address:  |  | City:             | s                                     | tate:           | Zip:                |  |
| Section B: PERSON TO WH   | OM INFORMATION MA  | Y BE RELEASED     |                                       |                 |                     |  |
|   |  |                   |                                       |                 |                     |  |
|   | •  |                   |                                       |                 |                     |  |
| Name:   | ·<br>  |                   |                                       |                 |                     |  |
|   | ·<br>  |                   |                                       | — ———<br>Middle | <br>2               |  |
| Name:<br>Last   | ·  | First             |                                       | Middle          |                     |  |
| Name:<br>Last<br>Current Address:                                       | ·  | First             | State:                                | Middle          |                     |  |
| Name: Last  Current Address:  Email Address:                            | City:  | First  ne Number: | State:                                | Middle          |                     |  |
| Name:  Last  Current Address:  Email Address:  Relationship to Student: | City:  | First  ne Number: | State:                                | Middle          |                     |  |
| Name: Last  Current Address:  Email Address:  Relationship to Student:  | City:  | First  ne Number: | State:                                | Middle          |                     |  |
| Current Address:  | City: City: Photo d by the individual authorication disclosure of FERPA protect by providing a four-digit FE | rie Number:       | State: udent's record. the person nam | Middle          | will be required to |  |

## Section C: RECORDS TO BE RELEASED AND FOR WHAT PURPOSE

| Check one or more boxes below to grant authorization for redescribing the information sought is checked.   | release of records. Information will not be shared unless the box  |
|--|--|
|  | le, awards and disbursement of funds information, Satisfactory other information contained in the Academic, Admissions, ).   |
| information, assessment test scores, Satisfactory Acade  | transcripts, admission and registration information, schedule emic Progress status, residency information, and any other ng records held by the Admission, Records and Registration, and |
| · · · · · · · · · · · · · · · · · · ·  | nts due for tuition and fees, sources of payment for tuition and<br>tes to parking tickets, library fines, financial aid repayments, and<br>dent account records).                       |
| All student conduct records (records include: correspondent investigative reports, and any other information related to                            | ondence to and from student related to conduct issues, conduct student conduct).   |
| Other (please specify):  |  |
|  | bilities records are considered medical records and not covered zation. A separate release form must be obtained for that  |
| The information is to be released for the following purpose  | es (check all that apply):   |
| family communication about college experience  | admission to educational institution   |
| employment assistance with counseling/treatn   | nent other (please specify):   |
| Section D: HOLD HARMLESS AND SIGNATURE   |  |
| I, the student, acknowledge the information listed above an Release Authorization as outlined in Sections A-D.                                     | nd agree to the terms of the <b>FERPA Student Information</b>  |
| I agree to hold MCCCD and its associated college—as select<br>my records to any entities as specified above or any release<br>government agencies. | red above—harmless from any and all liability for the release of e of information as requested by accrediting authorities or   |
| Print Student Name—REQUIRED  |  |
| Signature of Student-REQUIRED  | <br>Date   |

The Maricopa County Community College District (MCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit http://www.maricopa.edu/non-discrimination.