

## Instructions

The execution of the attached form and the release of student education records are to be coordinated with Student Services.

Please note that this form is for use at locations off-site of an MCC campus and must have the student's signature notarized.

If you have any questions regarding the use of this form, please contact the Legal Department.

# Student Consent to Release Information

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g, et. seq.) requires written consent to disseminate personally identifiable education records of any student.

<b>Student – The completed form must have a notarized signature and be submitted via U.S. mail to one of the following offices:</b>			
Blue River Student Development Office	20301 E. 78 Highway, Independence, MO 64015	(816) 604-1000	
Business & Technology Student Services	1775 Universal Avenue, Kansas City, MO 64120	(816) 604-1000	
Longview Student Information Center	500 SW Longview Road, Lee's Summit, MO 64081	(816) 604-1000	
Maple Woods Records Office	2601 NE Barry Road, Kansas City, MO 64156	(816) 604-1000	
Penn Valley Business & Student Records	3201 Southwest Trafficway, Kansas City, MO 64111	(816) 604-1000	
<b>Student First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>	<b>Student I.D. No.</b>
<b>Permanent Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

By my signature below, I give permission for MCC to release the information selected on this form to the person(s) indicated for the purpose

of  job search  transcript for \_\_\_\_\_  lawsuit  other \_\_\_\_\_.

This authorization shall remain in effect until rescinded by me. I understand that I may rescind this authorization by submitting another Student Consent to Release Information form and selecting the "Cancel Release To:" option or by submitting another form of revocation in writing with my signature.

**▶ IMPORTANT ◀** Student: You must designate a four digit pin number in order for the person(s) indicated below to access your information if and when they request the information remotely, for example, by phone. It is your responsibility to share the four digit pin with the person(s) for whom the access is being granted in order for their identity to be validated. This extra layer of security has been implemented by MCC to protect your information.

Write Your Four Digit Pin Number Here (numbers only):

<input checked="" type="checkbox"/>	<b>Select the items of information that you give permission to release</b>
<input type="checkbox"/>	<b>Billing and Payment Information</b> - Examples: tuition/fee balances, financial holds, mailing/billing addresses, payment plans, accounting statements, collections/debt information
<input type="checkbox"/>	<b>Admission and Registration Information</b> - Examples: application dates, programs selected, documents received/pending, dates of enrollment activity, status, and/or verification, residency status, semesters attended, mailing address information, class schedule
<input type="checkbox"/>	<b>Academic Records</b> - Examples: transcript, courses taken, grades received, GPA, academic progress, honors, transfer credit award, degrees awarded
<input type="checkbox"/>	<b>Financial Aid</b> - Examples: student only data, financial aid application, financial aid award
<input type="checkbox"/>	<b>All Records</b> - Includes all items of information as detailed above
<input type="checkbox"/>	<b>Other</b> - Instead of designating one of the broad categories described above, you may indicate in the space below an individual record or narrower set of records to be released:

<input checked="" type="checkbox"/>	Name <i>(Note: you may designate either an individual party or a class of parties to receive these records.)</i>	Relationship <i>(Circle One: P=Parent, G=Guardian, S=Spouse, O=Other)</i>	Date of Birth <i>(if individual)</i>
	Release To:	P G S O	
	Cancel Release To:		
	Release To:	P G S O	
	Cancel Release To:		
	Release To:	P G S O	
	Cancel Release To:		
<input type="checkbox"/>	I Do:	Request a copy of the records disclosed pursuant to this release.	
<input type="checkbox"/>	I Do Not:		

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only		
Received by:	Date Received:	Service Indicator Posted:

STATE \_\_\_\_\_ )  
 ) SS  
 COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary

Seal