



Office of Admissions and Records

Family Educational Rights and Privacy Act Release of Information Form

I, \_\_\_\_\_, MC ID, \_\_\_\_\_, hereby authorize the below named person(s) to have access to my records or information about me from the following offices or college personnel, (Please put an "X" next to those that you want to apply to you):

- \_\_\_\_\_ 1. Academic
\_\_\_\_\_ 2. Disciplinary
\_\_\_\_\_ 3. Financial

Full Name of person(s) to have access

Relationship to Student:

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

This authorization waives any privacy protections under FERPA and is effective from the date the form is received to the end of the school year. You must submit a new one every year.

Please specify reason for release of records in space provided below:

Three horizontal lines for specifying the reason for release of records.

Print Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit the form to the Morton College Registrar by email Courtney.Obrien@morton.edu