AUTHORIZATION TO RELEASE INFORMATION

HFCC
Henry Ford Community College

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designated to protect the privacy of educational records, to establish the rights of students to inspect and review the educational records, and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings.

Henry Ford Community College's procedures for complying with the provisions of this Act can be found in the Student Handbook as well as the Catalog and our website. In accordance with FERPA, the College may not discuss a student's academic and/or financial information to their parents, spouses, or guardian of the student.

By completing and signing this form, the student below designated authorizes Henry Ford Community College to discuss the designated information with the student's designee (parent, spouse, relative, guardian, etc.)

The student should give great consideration to this before choosing to exercise this option and submitting this form. The student should know that by signing this form, College personnel will disclose ***any*** information pertaining to the student's academic record, financial aid status, and student financial account. This authorization will remain in effect until the student submits written notice terminating this consent to the Office of Registration and Records.

STUDENT INFORMATION

STUDENT NAME_____ ID NUMBER_____

STUDENT AUTHORIZATION

I have read this document and fully understand the contents. I agree to release all information related to my academic, financial aid, financial account, and other records at the College to: **(NAME or NAMES MUST BE INDICATED BELOW)**

_____

(Name of individual to whom information can be released) Relationship to student

_____

(Name of individual to whom information can be released) Relationship to student

To protect my privacy, when inquiring about my educational records at the College, the above-indicated individual(s) should use the following PIN:

_____

Term this begins: Fall Spring Summer Year: 20____

_____ _____

Student Signature Date

OFFICE USE ONLY:
Date Received: Date Entered in Colleague:

Revised 10/09