



Registration and Records

Authorization to Release Information

Instructions

Revised 05/14

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 College's procedures for complying with the provisions of this Act are available in the Student Handbook as well as the catalog and College 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 authorizes Henry Ford 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 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.



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Authorization to Release Information

Student Information

Student Name: _____ HANK 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: _____

This term begins: Fall Winter Spring/Summer Year: 20____

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

Student Signature: _____ Date: _____

Office Use Only:

Date Received: _____ Date Entered in Colleague: _____