

Registrar's Office COMMUNITY COLLEGE COMMUNITY COLLEGE Consent for the Disclosure of Education Records

This form must be signed and submitted by the student in person; it cannot be faxed or emailed. The Registrar's Office is located in SSC L157.

First Name	MI	Last Name		Banner ID Number	
I hereby authorize Manchester Community College and its employees to release the following information (please specify):					
This release is authorized for the following individuals a	ınd/or org	anizations:			
Name of Person/Organization			Relationship to Student		
Name of Person/Organization			Relationship to Student		
Name of Person/Organization			Relationship to Student		
Name of Person/Organization			Relationship to Student		
Disclosure is made for the following purpose(s):					
I acknowledge and authorize that photocopies and facs as valid as the original.	imiles of t	he original of this	Consent for the Disclosure of Ed	ucation Records, including my signature, shall be	
Student Signature				Date	
KNOW WHAT YOU ARE SIGNING The Family Educational Rights and Privacy Act (FERPA) is funds from the U.S. Department of Education. Schools record. Students may use the Consent for the Disclosur information to someone other than the student.	nust have	written permissio	n from the student in order to re	lease any information from a student's education	

FOR OFFICE USE ONLY

Date Received		Reviewed By	October 2018/P
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