



# Registrar's Office Consent for Disclosure of Education Records

Please complete this form, sign, date and mail to: Manchester Community College, Registrar's Office, Great Path, MS #13, P.O. Box 1046, Manchester, CT 06045-1046 or fax this form to 860-512-3221.

## CONSENT INFORMATION

I,	First Name	Last Name	Banner ID Number
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hereby authorize Manchester Community College and its employees to release the following:

to the following individuals and/or organizations:

Disclosure is made for the following purpose(s):

## SIGNATURE

First Name	Last Name
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I, \_\_\_\_\_, acknowledge and authorize that photocopies and facsimiles of the original of this Consent for the Disclosure of Education Records, including my signature, shall be as valid as the original.

Student Signature	Date
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This document, when completed by the student, authorizes, but does not require, the college to disclose personally identifiable information pertaining to the student that is maintained in college records. The college reserves its right under federal law to decline to disclose such information when, in the exercise of the college's judgment, it determines it is appropriate not to disclose such information.