



Student Consent to Release Information

If you are unable to sign this form with a DMACC or notary witness, you must send it from **your DMACC email account** to registration@dmacc.edu.

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g, et. seq.) requires written consent to disseminate personally identifiable education records of any student.

Student First Name	Middle Initial	Last Name	DMACC ID
Permanent Address	City	State and Zip	Cell Phone

By my signature below, I give permission for DMACC to release information to the person(s) or party noted on this form. This authorization shall remain in effect for five (5) years or until the date of my DMACC graduation, or rescinded in writing by me.

► **IMPORTANT** ◀ **Student:** You are required to designate a four digit PIN number. It is your responsibility to share the four digit pin with the person(s) or party for whom information is being shared, so their identity can be verified.

Write Your Four Digit Pin Number Here (numbers only): _____.

X	Select the items of information that you give permission to release
	Billing and Payment Information - Examples: tuition/fee balances, financial holds, mailing/billing addresses, payment plans, accounting statements, collections/debt information
	Admission and Registration Information - Examples: application dates, programs selected, documents received/pending, dates of enrollment activity, status, and/or verification, residency status, semesters attended, mailing address information, class schedule. ONLY STUDENTS can make changes to their record.
	Academic Records - Examples: transcript, courses taken, grades received, GPA, academic progress, honors, transfer credit award, degrees awarded
	Financial Aid - Examples: student only data, financial aid application, financial aid award
	All Records - Includes all items of information as detailed above
	Other - <i>Instead of designating one of the broad categories described above, you may indicate in the space following an individual record or narrower set of records to be released (i.e. letter of rec):</i>

X	Name <i>(Note: you may designate either a person party or a class of parties to receive these records.)</i>	Relationship <i>(Circle One: P=Parent, G=Guardian, S=Spouse, O=Other)</i>	Date of Birth <i>(if person)</i> MM/DD/YYYY
	Release To:	P G S O	
	Release To:	P G S O	
	I would like to request a copy of the records disclosed pursuant to this release.		

Student Printed Name:	Date:
Student Signature:	Date:
DMACC Witness Printed Name and Title:	Date:
DMACC Witness Signature:	Date:

If the student is unable to have their signature witnessed by a DMACC employee or Notary Public, this completed form can be sent from the Student's DMACC Email account to registration@dmacc.edu.