



Records Release Authorization

The following form is a Record Release Authorization to be maintained in compliance with the Family Educational Rights and Privacy Act of 1974 and as amended. An educational institution may not release confidential information without the consent of the student. If you wish to waive a portion of this right, please complete this form. **Note: Form must be filled out and signed in the presence of a Middlesex Community College Staff Member.**

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.

Person To Whom I Authorize The Release Of Confidential Information

The person to whom you authorize the release of confidential information is normally prohibited from disclosing the information to other parties. Please note that even with a waiver, release of this record or disclosure of its contents to any third party NOT LISTED BELOW without the written consent of the student is prohibited. Additional names of persons authorized to receive confidential academic information should be noted on separate Records Release Authorization forms.

Name _____ Relationship _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

Information which can be released to this person should be listed below. Be specific: term grades, progress to degree, academic transcript, GPA, etc. Information not listed will not be released.

Please state the reasons for release of such information.

This waiver is valid from the time it is signed until the beginning of the next semester, at which time it must be renewed. If you wish to cancel or amend this waiver, you must provide a written request Middlesex Community College.

I Have Provided The Preceding Information Freely Without Coercion Or Threat.

Name (printed) _____ Signature _____
SSN or Banner ID _____ Date of Birth _____
Date _____

Do you wish a copy of released information for yourself? Yes No
Do you wish to be notified when information is released? Yes No