



**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT
INFORMATION RELEASE FORM**

During my regular enrollment at Mountainland Technical College, I hereby grant the College permission to release information contained within my educational records to other third parties listed below. This includes any academic information such as, but not limited to, progress reports and attendance. This also includes any financial information, such as, but limited to, my student ledger account (charges/payments) and any federal and state financial aid records.

I am aware that federal and state laws provide me the right to withhold this information from third parties, including my parents, if I so desire.

This document is granting release to the person(s) or organization(s) as listed below only. I understand that this request will be honored until I submit a written request for disclosure to be withdrawn.

_____	_____
Individual's or Agency's Name	Individual's or Agency's Name
_____	_____
Street Address	Street Address
_____	_____
City, State, Zip	City, State, Zip
_____	_____
Student's Name (please print)	Student's Signature
_____	_____
Student ID Number	Date
_____	_____
Authorized Acknowledgement (Registration Office)	Process Date

WRITTEN WITHDRAWAL REQUEST (if applicable, Attached)

_____	_____
Authorized Acknowledgement (Registration Office)	Process Date