



**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 I understand that this request will be honored until I submit a written request for disclosure to be withdrawn.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
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