DMACC

Student Consent to Release Information

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.

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**.

STUDENT FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____ DMACC ID _____

PERMANENT ADDRESS _____ CITY _____ STATE _____ 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 THIS AUTHORIZATION SHALL REMAIN IN EFFECT FOR FIVE (5) YEARS OR UNTIL THE DATE OF MY DMACC GRADUATION, OR RESCINDED IN WRITING BY ME.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):_____.

✖ 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

☐ **RECORDS FOR CLINICAL/INTERNSHIP/WORK EXPERIENCE PLACEMENT**—Examples: education records, including but not limited to immunization records, health and safety compliance documentation, background check and drug screening results, certification records, and other information required for participation in clinical/internship/work experience education. Only information relevant and necessary for these purposes will be released.
In the "Release To" section below, please write: *Any clinical/internship/work experience agency or facility to which I may be assigned for experiential learning.*

☐ **OTHER**—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):

✖ **NAME** (Note: you may designate either a person, party or a class of parties to receive these records.)	**RELATIONSHIP** (Check One: P=Parent, G= Guardian, S=Spouse, O=Other)	**DATE OF BIRTH** (if person) MM/DD/YYYY
Release To:	P G S O	
Release To:	P G S O	

☐ By checking this box, I would like to request a copy of the records disclosed pursuant to this release. I also certify that I am the student signing this document.

STUDENT PRINTED NAME _____

STUDENT SIGNATURE _____ **DATE** _____

DMACC WITNESS PRINTED NAME AND TITLE _____

DMACC WITNESS SIGNATURE _____ **DATE** _____