

**MINERAL AREA COLLEGE FERPA RELEASE FORM
STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS**

Student Name (Please Print)			MAC Student ID number		
Last	First	M.I.	—	—	—

- In accordance with the Family Educational Rights and Privacy Act (FERPA) this form allows students to grant parents, guardians, spouse, and/or others access to their educational records maintained by the Office of the Registrar, Business Office/Cashier’s Office, and Financial Aid Office.
- Anyone given access to a student’s records may access ALL academic student records. A student cannot give a designee access to their billing information, but not give them access to view their grades for instance.
- Grades will not be given over the phone to anyone including the student. They must be accessed online or viewed in person in student services with a photo ID.
- All permissions granted will stay in effect until revoked in writing by the student. **Completed forms should be submitted to the Office of the Registrar, located in the Student Services area of the Technology Building or mailed to the Office of the Registrar, Mineral Area College, P. O. Box 1000, Park Hills, MO 63601; or faxed to the Office of the Registrar at (573) 518-2166.** Questions concerning this form may be directed to the Office of the Registrar at (573) 518-2130.
- Directory information is considered public and will be released upon request unless the student requests in writing to the registrar’s office that this information be withheld. Please note: if a student requests that directory information be withheld, no information will be given out including verification of enrollment and/or graduation which may have a negative impact on the student.

I give permission for the following person(s) to have access to my academic records. The person(s) named on this form must be able to verify their identity by producing a photo ID in person or verifying the last four digits of their SSN by phone.

PLEASE PRINT CLEARLY (Relationship Code: **M** = Mother, **F** = Father, **G** = Guardian, **S** = Spouse, **O** = Other)

<input type="checkbox"/>	Release to	<input type="checkbox"/>	Cancel release		XXX-XX-		
				Last First M.I.	Social Security #	Code	
<input type="checkbox"/>	Release to	<input type="checkbox"/>	Cancel release		XXX-XX-		
				Last First M.I.	Social Security #	Code	
<input type="checkbox"/>	Release to	<input type="checkbox"/>	Cancel release		XXX-XX-		
				Last First M.I.	Social Security #	Code	

I understand that (1) grades will not be released over the phone under any circumstances (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Office of the Registrar.

Student Signature _____ Date _____

The student’s photo ID is required with this form. If mailed or faxed, an enlarged clear photocopy of ID with a signature is required.	Verified by:	Date: