

**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 Registrar, Business Office/Cashier’s Office, and Financial Aid Office.
- Anyone given access to student records may access ALL academic and financial records.
- 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 after presenting 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 emailed to the Office of the Registrar at registrar@mineralarea.edu with a copy of your photo ID.** Questions concerning this form may be directed to the Office of the Registrar at (573) 518-2119.
- Directory information is considered public and will be released upon request unless the student requests in writing to the registrar that this information be withheld. Mineral Area College has defined the following as directory information: name, address, telephone number, date of birth, photo, major or field of study, dates of attendance, enrollment status, participation in officially recognized activities and sports, weight and height of athletes, degree(s) or certification(s) awarded (including dates), awards received, previous educational institution(s) attended and MAC email address.
- 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 records. Those named on this form must 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)

Release to Cancel release _____ XXX-XX-_____
Last First M.I. Social Security # Code

Release to Cancel release _____ XXX-XX-_____
Last First M.I. Social Security # Code

Release to 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 submitting a written revocation to the Office of the Registrar.

Student Signature _____ Date _____

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