

FERPA - Release of Student Information Form

Student's Name	Macomb Student ID Number	Date of Birth
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Street Address

City	State	Zip	Phone Number
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I authorize Macomb Community College to grant access to my educational record to the individual listed below. I understand that I must provide written notification to Macomb Community College, Office of Enrollment Services if I no longer wish for access to be granted to this person. This form will expire two years from the date of signature at which time, a new form would need to be completed.

Please Select the Type of Information to be Released (plus select all that you would like applied):

- Enrollment Records – Admissions Application, Update Form, Grades, Access to Academic Record, Attendance Records, Speaking with Academic Faculty/Administrator on Student Behalf
- Financial Aid and Student Account Records –Financial Aid application documents (including FAFSA), status, awards and related information. Student Account invoices, statements, payments, charges, credits, tax forms (including 1098T) and related information.
- Counseling, Academic Advising & Special Services Department
- Dean of Students Success Office

Release of My Student Educational Record Will Be Granted To:
(Upon Verification of Person by Date of Birth and Last 4 Digits of SSN)

Full Name of Parent/Spouse/Other	Relationship to Student (check one): <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
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Date of Birth of Parent/Spouse/Other	Last 4 Digits of Parent/Spouse/Other SSN
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Student's Signature	Date
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This form MUST be completed by the student <u>in person</u> by providing a picture ID. Send to FERPA@macomb.edu for processing			
Academic Office	Signature of Academic Department	Sent to FERPA@macomb.edu	Date
ES Office Use Only	Noted on PERC & Document Image to record	Staff initials	Date