

Student Release of Information Authorization

If you have more than one designee, a separate authorization must be completed.			
Last Name	First Name	Middle Initial	Student ID Number
Phone		Birthdate (MMDDYYY	Y)
Section 1 - THIRD	PARTY DESIGNEE & RELEAS	E INFORMATION	
Last Name	First Name	M.I.	Relationship to Student
□ 1 - Billing statement □ 2 - Financial aid/Vet □ 3 - Grades/GPA, de □ 4 - Academic advisi □ 5 - Other: Section 2 - AUTH When the party named a personal security questicontact. Do not choose	s, charges, credits, payments, past deterans benefits, awards, application, comographic, registration, academic proing, testing and placement records, and element records are the second of the secon	ue amounts, and/or collection actividata, disbursements, eligibility, SAP or	, and/or scholarships (i.e. financial resources)
	on, you must come to the Registration		
Personal Security	Question (Provide one short q	juestion) Secu	rity Question Answer
Section 3 - AUTH	IORIZATION		
disclose confidential	-	ecords of students to parents or	mpqua Community College will only other third parties provided the College evoked by the student.
Student Signature	•	[Date:
Signifies consent for Ur designee above.	mpqua Community College to disclose	e and discuss confidential information	Date:on from my education record with the
	KE AUTHORIZATION		
	ereby revoke this authorization fo ndividual listed above, effective in		o disclose my education record
Student Signature Signifies Approval & Au		<u>[</u>	Date:
Office USE Only ☐ SGASTDN Updated	d Date: Initials:	_ □ SGASTDN Updated (REV	/OKE) Date : Initials :