

FERPA Release Form– Academic Records

Requested by: (Student)	
First Name	Last Name
Student ID Number	
Date	

Release to: (Recipient(s))		
First Name (1)	Last Name	
First Name (2)	Last Name	
Email(s)		
Home Address		
City	State	Zip code
Phone Number		
Relationship to Student		

RELEASE INFORMATION

If you would like more information on FERPA (Family Educational Rights and Privacy Act), please email the Registrar's Office at registrar@msmc.edu

ACADEMIC RELEASE REQUEST:

I give permission for Mount Saint Mary College to release my academic records to the recipient(s) listed above.* The purpose of this disclosure is:

I attest that I am the individual signing this statement and that all information is true and correct to the best of my knowledge.

I understand that electronically signing this form constitutes a legal signature agreeing to the terms and conditions and also certify that the provided information is complete, truthful, and accurate. Electronic signatures must accompany photo identification.

SIGNATURE: _____ Date: _____

Once this document is filed with the Registrar's Office, it will be on file until you remove it. You may remove this release at any time by deactivation, see the request below.

This form must be turned in by the student only via your MSMC email address.

***Financial & Non-Academic Disciplinary records require an additional release.**

DEACTIVATION REQUEST:

Please deactivate my FERPA Release Form. I no longer want to give access to my academic record to any of the above mentioned recipients.

SIGNATURE: _____ Date: _____

Office Use Only:	Release: Processed By: _____ Date: _____	Deactivation: Processed By: _____ Date: _____
------------------	---------------------------------------------	--------------------------------------------------