

AUTHORIZATION TO RELEASE INFORMATION

The purpose of the Family Educational Rights and Privacy Act of 1974 is to protect the privacy of individual students by placing certain restrictions on the disclosure of information contained in a student's college <u>academic</u>, <u>financial</u>, and <u>disability</u> records (non-directory information). I understand that in order for Hagerstown Community College to honor a verbal or written request for information by anyone other than the individual student, a signed authorization must be on file.

Therefore, I,(print: first		DOB	S	tudent ID	
(print: firs	t name, last name)				
Give my FULL consent to the Hagerstown Community College to release information to:					
	(Sp	(Specific Recipient)			
		(Pa	(Parents/Guardian – please provide names)		
		(Sp	(Spouse – please provide name)		
		(Ag	(Agencies – please provide names)		
	(Scl	(Schools – please provide names)			
☐ All of the above					
Please indicate the HCC offices to which you are giving your consent:					
☐ Financial Aid/Finance Office (I authorize the Financial Aid Office at Hagerstown Community College to release information from my financial aid file for the purpose of determining eligibility for scholarships and other financial assistance.)					
☐ Admissions Office	☐ Academic Affairs Offi	ademic Affairs Office		☐ Advising and Registration	
☐ Dean of Students	☐ Disability Support Se	Disability Support Services		☐ Human Resources	
☐ High School (if early to college) ☐ Job Training Student Resources (JTSR) ☐ Library					
☐ Records Office	☐ Testing/Tutoring/Learning Support Center				
☐ TRiO Student Support Services ☐ Other					
☐ ALL of the above					
I understand that this authorization remains in effect until I graduate or no longer attend HCC. I also understand I can revoke this consent at any time.					
Student Signature			Date		

Please return this form to the Records Office. Students need to bring photo ID for the form to be accepted.

By mail Records Office, 11400 Robinwood Drive, Hagerstown, MD 21742

If submitting by mail, email, or fax, please include a photocopy of a state-issued photo ID.

Fax 301-791-9165

Email records@hagerstowncc.edu

In person Administration and Student Affairs Building, (ASA), Room 403