

**FERPA Release**

I, _____, give my permission to Mitchell Community

College staff and faculty to release information from my educational record to the below listed

individual(s). The below listed individual(s) may also act on my behalf in matters relating to my

educational record.

I will not consider the release of this information a violation of my FERPA rights. This permission is granted until such time that I end this authorization, as noted below.

Signed _____ Date _____

Student ID# _____

Begin Date _____ ***Begin Date Required*** End Date _____ ***End Date Required (No more than 1 year from Begin Date)***

Student Services Director Signature _____ Date _____

Please note: Photo ID must be turned in with this form.

<input type="checkbox"/> ID Verified _____ <i>(office use only)</i> <i>initials</i>
