AUTHORIZATION TO RELEASE INFORMATION

| Student Name | MC ID# 700- |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (please print) | |
| The Family Educational Rights and Privacy Act of 1974, a Buckley Amendment, applies to any institution of higher Act contains detailed requiremetns regarding the mainterecords. Records protected by this regulation cannot be others unless students so authorize. Because Mississipp parental involvement, we are providing students an oppotheir protected records. | r education receiving federal aid. This enance and disclosure of student e provided to parents, legal guardians or of College recognizes the importance of |
| As a student of Mississippi College, I hereby give Mississ and/or discuss privileged information related to my stat provied below: | |
| Individual(s) given permission to receive information: Name | Relationship to Student |
| | |
| | |
| Area(s) of information identified for release (initial all th | at apply): |
| Academic records including grades and attendance Personal health information Any other information deemed appropriate by MC | Disciplinary records Business office/financial records |
| A copy of this release will be kept in the Office of the Re the Office of the Registrar to rescind or alter this release | • |
| Student Signature | Date |
| | 2440 |

(Return to: Office of the Registrar, Nelson Hall – Basement, Mississippi College)