



MARTIN COMMUNITY COLLEGE

FERPA Release Form

Student Name: _____ Student ID: _____

Phone: _____ Email: _____

I, _____ (print or type full name) the undersigned, hereby authorize Martin Community College to release the following educational record(s):

- All Financial Records
- Academic Records
- Academic Transcripts
- Student Conduct Records
- Other Educational Records (please specify): _____

These records are to be released for the purpose of:

- Promoting my academic success
- Maintaining accountability for my actions
- Complying with required disclosure for a third-party program
- Other (please specify): _____

The record(s) indicated above may be released, for the above stated purpose(s), may be released to the following designated individuals/entities:

Name: _____ Relationship: _____

Address: _____ City, State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____ City, State: _____ Zip: _____

Phone: _____ Email: _____

Student Signature: _____ Date: _____

Student Services Witness Signature: _____ Date: _____