

## **Authorization to Release Student Information**

The financial and non-directory information in your student records and account are confidential and protected by the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. § 1232(g) and the related regulations in 34 CFR Part 99. The College may not release certain, non-directory information to another person without your written authorization. Completing this form will authorize the College to release specific information about you to the person(s) you designate below.

I [Name]	[Student ID#]	autho	orize representatives of Hutchinson
Community College to relea	se the following information to t	:he person(s) designated be	low:
Academic Record Ir	nformation (All information rega	rding my enrollment, attend	dance and academic records)
Financial Informati	on (All student financial account	information)	
Discipline Records			
Equity Grievance R	esolution Records		
Name of Person to Release	Information to:		Date of Birth:
Name of Person to Release	Information to:		Date of Birth:
Name of Person to Release	Information to:		Date of Birth:
Date S	tudent Signature		Printed Student Name
	delivered in person, the followir		• •
State of		County of	
The foregoing Authorization	was signed before me, a notary	public, this day of _	20
By: per	sonally known to me or whose ider	ntity was established by their drive	rs license or other photo identification.
Notary Public Printed Name	<del></del>	[Notary Seal]	

Deliver in Person, by mail, or by fax to:

Hutchinson Community College Records Office 1300 N. Plum, Hutchinson, KS 67501 Fax: 620-665-3301