STUDENT RECORD RELEASE FORM

STUDENT NAME
(Please Print)          Last                           First        Middle

STUDENT CONSENT TO DISCLOSE RECORDS
This portion of the form is to be filled out when a student wishes to disclose non-directory FERPA
information to another party.
This form will remain in effect for the academic year during which it is submitted.

I, ____________________________, hereby voluntarily authorize
Massachusetts College of Art and Design administrators in the department(s) identified below to
disclose personally identifiable information from my education records.
(Please check the box(es) that apply):

☐ REGISTRAR
☐ OFFICE OF STUDENT FINANCIAL ASSISTANCE AND SERVICES
☐ ACADEMIC RESOURCE CENTER
☐ BUSINESS OFFICE

I authorize the release of the following information. (Please check the box(es) that apply):

☐ GRADES / TRANSCRIPTS
☐ STUDENT ACCOUNT INFORMATION
☐ FINANCIAL AID
☐ DISCIPLINARY
☐ COUNSELING AND WELLNESS
☐ HOUSING
☐ OTHER: ____________________________

This information may be released* for the purpose of informing:

☐ FAMILY AND/OR OTHER DESIGNEES (LIST NAMES)

____________________________________
____________________________________

☐ PROSPECTIVE EMPLOYERS
☐ CURRENT EMPLOYER
☐ EDUCATIONAL INSTITUTIONS
☐ PUBLIC OR MEDIA (Scholarships, Honors, Awards)

*Designated parties must be able to provide student name and ID number.

STUDENT SIGNATURE: ____________________________________________ DATE

REGISTRAR USE
PROCESS DATE ________
INITIAL ________