

# STUDENT RECORD RELEASE FORM

**STUDENT NAME**

(Please Print)

Last

First

Middle

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Student ID Number

Program / Year

Date of Request

**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
- OTHER: \_\_\_\_\_
- COUNSELING AND WELLNESS
- HOUSING
- DISCIPLINARY

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** \_\_\_\_\_

<b>REGISTRAR USE</b>
PROCESS DATE _____
INITIAL _____