

Academic and Financial Student Records Consent to Release Form

(Family Educational Rights & Privacy Act of 1974)

I, _____
(Please print full name)

the undersigned hereby authorize Moraine Valley Community College to release the following educational records upon request (check all that apply):

- ☐ All financial records (these records include, but are not limited to, Financial Aid and the Business Office).
- ☐ Academic record/transcripts (If a transcript is to be sent to an address other than that on file at MVCC, a written request must be signed by the student or party to whom student has permitted release of such records)
- ☐ Other (please specify) _____

Name of individual(s) to whom information may be released: (Please Print)

Spouse _____

Mother/Stepmother _____

Father/Stepfather _____

Other (please specify) _____

Organization (if applicable) _____

Check one and sign below:

- ☐ **Please honor requests for my records by those individuals/ parties identified above.** I acknowledge by my signature that I understand although I am not required to release my records to these individuals(s), I am giving my consent to release the information. I understand that this release remains in effect until I revoke such consent in writing and the revocation is delivered to the Moraine Valley Registration and Records department.
- ☐ **Please revoke the FERPA Release Form on file at MV (will revoke all access to third parties).**

Student Signature _____

Date _____

Date of Birth _____

Student ID# _____



**Moraine Valley
Community College**

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morainevalley.edu