![Montgomery College logo]

Grant Funded Student's Authorization to Disclose Information from Education Records

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that the Department of Labor is authorized to collect information to implement the Trade Adjustment Assistance Community College and Career Training Program under 19 USC 2372 – 2372a. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. Providing this information, including a social security number (SSN) is voluntary; failure to disclose a SSN will not result in the denial of any right, benefit or privilege to which the participant is entitled. The information that is collected on this form will be retained in the program files of the grantee and may be released to other Department officials in the performance of their official duties.

I understand that my educational records are protected by the *Family Educational Rights and Privacy Act of 1974*, and they may not be disclosed without my prior written consent. I hereby consent to the disclosure of the following education records pertaining to me to the persons and for the purposes as stated below:

I hereby authorize the following officials:
1. Montgomery College officials and faculty members teaching courses in which I am currently (or was) enrolled
2. Capital Region Collaborative: Jobs in Technical Careers (CRC), Employment Training Administration (ETA), Maryland Department of Labor, Licensing and Registration (DLLR), Montgomery County local workforce staff and/or industry accrediting bodies to include, but not limited to:

to disclose the following:
1. demographic or contact information, which may include social security number and other personally identifiable information
2. employment status
3. financial information, including financial aid, student account balance, and Veterans benefits
4. academic records including, but not limited to placement test results, class schedule, interim and final grades, attendance, any information regarding my academic progress prior to the final determination of grade, and professional certifications

to the following persons:
1. CRC, ETA, DLLR and/ or Montgomery College workforce staff members
2. Specific state and federal grant funders, lead agencies, fiscal administrators of grant programs
3. Montgomery College officials with a legitimate educational need to know

for the following purposes:
1. to monitor, assist and determine eligibility for grant-funded programs
2. to monitor and assist with respect to retention and student support needs related to programs within Student & Career Services
3. for reporting requirements of specific grant programs; as well as for statistical analysis of grant outcomes
4. to monitor and assist with graduate placement needs and employment outcome tracking

I understand further that:
1. such records may be disclosed only on the condition that the party to whom the information is disclosed will not re-disclose the information to any other party without my written consent unless specifically allowed by law.
2. I have the right to not consent to the release of my educational records for these purposes only by initialing the box below.
3. I recognize that a copy of such records must be provided to me upon my request in writing to the Montgomery College Registrar.
4. this authorization remains in effect unless revoked by me in writing.
5.

A copy of this authorization shall be considered as effective and valid as the original. By signing this form, I certify that I agree to the disclosure of the records referenced above.   This authorization and consent by me is valid **for the life of the grant reporting period or until I revoke it in writing.**

PRINTED NAME	MONTGOMERY COLLEGE PROGRAM OFFICE SIGNATURE
STUDENT SIGNATURE	DATE

☐ I am **opting out** of signing this form and understand that I may not be eligible to receive grant-funded educational assistance because of this decision.

PRINTED NAME	<INSERT COLLEGE NAME>
SIGNATURE ***DON'T SIGN HERE UNLESS YOU ARE OPTING OUT***	DATE