

## FERPA Release Form

The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for students regarding the privacy of their educational record. Educational records include, but are not limited to, academic, disciplinary, financial aid, health, student account, and other information directly related to a student's enrollment.

While parents/guardians, spouses, or others may have an interest in the student's records, it is Central Maine Community College's policy to withhold certain educational records unless the student provides written consent to disclose such information to a specific party. Students may choose to complete and submit this "FERPA Release Form" to the Office of the Registrar to allow access or release of their educational record. This access is for informational purposes only and does not give authority to a third-party to make changes or request actions on the student's educational records.

Please note that while this form *authorizes* CMCC to release education records to third parties, it does not *obligate* CMCC to do so. CMCC reserves the right to review and respond to requests for information on a case-by-case basis. Some information, such as grades, is not released via telephone under any circumstances. For this information, please come to the Registrar's Office prepared to show a photo ID.

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*\*A separate form must be completed for each person or entity you are giving permission to release information to.*

I hereby grant permission for Central Maine Community College to release my records to the following entity or person. **(This permission remains valid until student withdraws it *in writing*.)**

**Student Information:**

Student ID Number: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Previous)

Address: \_\_\_\_\_  
(Number, Street, Apt/PO Box) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Name and address of person/agency to receive information:**

Full Name: \_\_\_\_\_  
(First and Last Name and/or Organization Name)

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number, Street, Apt/PO Box) (City) (State) (Zip)

I understand that I have the right not to consent to the release of my educational records, and I have the right to revoke this consent at any time by delivering a written revocation to the CMCC Registrar.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Return completed form to the Registrar's office.** Forms may be emailed, faxed, or mailed in, but a legible copy of the student's government-issued photo ID that displays a signature must be included.