

**MINERAL AREA COLLEGE FERPA RELEASE FORM  
STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS**

Name of Student (Please Print)			MAC Student ID number		
Last	First	M.I.	_	_	_

- In accordance with the Family Educational Rights and Privacy Act (FERPA) this form allows students to grant parents, guardians, spouse, and/or others access to their educational records maintained by the Office of the Registrar, Business Office/Cashier's Office, and Financial Aid Office.
- Anyone given access to a student's records may have access to ALL academic student records. A student cannot give a parent access to their billing information, but not give them access to view their grades for instance.
- Release allows **VERBAL** access only.
- All permissions granted will stay in effect until revoked in writing by the student. **Completed forms should be submitted to the Office of the Registrar, located in the Student Services area of the Arts & Sciences Building or mailed to the Office of the Registrar, Mineral Area College, P. O. Box 1000, Park Hills, MO 63601; or faxed to the Office of the Registrar at (573) 518-2166.** Questions concerning this form may be directed to the Office of the Registrar at (573) 518-2130.
- Directory information is considered public and will be released upon request.

SEE BACK OF THIS FORM FOR DEFINITIONS OF DIRECTORY INFORMATION, FERPA, EDUCATIONAL RECORDS, AND PUBLIC RECORDS.

I give permission for the following person(s) to have access to my academic records.  
Please indicate your current preference for each category every time a change is made to add or restrict information.

PLEASE PRINT CLEARLY (Relationship Code: **M** = Mother, **F** = Father, **G** = Guardian, **S** = Spouse, **O** = Other)

<input type="checkbox"/>	Release to	<input type="checkbox"/>	Cancel release		XXX - X					
				Last                      First                      M.I.	Social Security #					Code
<input type="checkbox"/>	Release to	<input type="checkbox"/>	Cancel release		XXX - X					
				Last                      First                      M.I.	Social Security #					Code
<input type="checkbox"/>	Release to	<input type="checkbox"/>	Cancel release		XXX - X					
				Last                      First                      M.I.	Social Security #					Code

I understand that (1) I have the right not to consent to the release of my educational records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the College Registrar.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Photo ID is required with this form. If mailed or faxed, an enlarged photocopy of ID with a signature is required.</b>	Verified by:	Date: