

FERPA Consent to Disclose Educational Records

In completing this form, you grant Monroe Community College permission for the third-party individuals, specifically names below, to have access to information in your educational records (grades, billing, financial aid, registration and other personally identifiable information). This permission will remain valid until submission of a written request revoking access. The completion of this form is mandatory in order for Monroe Community College to be in compliance with FERPA regulations. If you have questions concerning this matter, contact the Registration & Records Office at (585)292-2300 or via email to registration@monroecc.edu.

The Family Education Rights and Privacy Act of 1974 is a federal law that protects the privacy of education records, to establish the right of students to inspect and review their education records, and to provide guidelines for the correction of inaccurate and misleading data through informal and formal hearings. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

| Student Name: | | | | M#: | |
|--------------------------------------|--------------------|----------|------------------|-----------|------------------|
| Disclosure Information | | | | | |
| First Name (1): | | | Last | Name (1): | |
| Relationship to Person (check one): | | | | | |
| | Parent | Child | Grandparent | Sibling | Domestic Partner |
| | Spouse | Guardian | Relative | Other | |
| Check Records that may be disclosed: | | | | | |
| | Financial Aid | | Student Accounts | | Housing |
| | Student Affairs | | Registration | | All |
| First Name (2): Last Name (2): | | | | | |
| Relationship to Person (check one): | | | | | |
| | Parent | Child | Grandparent | Sibling | Domestic Partner |
| | Spouse | Guardian | Relative | Other | |
| Check Records that may be disclosed: | | | | | |
| | Financial Aid | | Student Accounts | | Housing |
| | Student Affairs | | Registration | | All |
| | | | | | |
| Studer | Student Signature: | | | | Date: |