

## Student Information Consent to Release Form

The College maintains the privacy and confidentiality of student educational records in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and its regulations. In addition to protecting the privacy and confidentiality of educational records, the Act provides students with rights to inspect, review and amend their educational records, and establishes rules for the permissible release of educational records by the College. As a general rule, the College will not release a student's educational records absent a student's written consent or an exception under the law's regulations. In accordance with FERPA, any student who is at least 18 years old or attending a post-secondary institution, is considered an "eligible student" under the law and may exercise their FERPA rights. The full text of the *Holyoke Community College Confidentiality of Student Records* policy can be found in the *Student Handbook*.

By completing this form, a student consents to the release of their educational records by the College to a specifically designated individual or entity. A student's consent to release records does not allow or authorize the individual or entity receiving the records to conduct College-related business on behalf of the student, which remains the responsibility of the student.

I, \_\_\_\_\_ a Holyoke Community College student, consent to the  
(Please print name)

release by the College of the following student record information to the individuals/entity listed below.

**Check all that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> All academic records | <input type="checkbox"/> Class schedule   |
| <input type="checkbox"/> Final grades         | <input type="checkbox"/> Billing information  |
| <input type="checkbox"/> Mid-term grades      | <input type="checkbox"/> Financial aid records (including academic records for financial aid purposes only) |
| <input type="checkbox"/> Other _____          |   |

**Name/s of individual or entity authorized to receive the information (Please provide full name and relationship)**

_____ (Full Name)	_____ (Relationship)
_____ (Full Name)	_____ (Relationship)

I understand and acknowledge that: (1) I have the right not to consent to the release of my education records; and (2) this consent shall remain in effect until revoked by me, in writing, and delivered to the College's Registrar.

_____ <b>Student Signature</b>	_____ <b>Student I.D. #</b>	_____ <b>Date</b>
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**Note: If this form is not completed in front of a staff member of the Student Records, Student Accounts or Financial Aid Office, the signature must be notarized.**

State of \_\_\_\_\_ County of \_\_\_\_\_ On the \_\_\_\_\_ day of \_\_\_\_\_  
in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
(Notary Public) My Commission Expires: \_\_\_\_\_ (Seal)

**Mail to: Holyoke Community College - Student Records Office – 303 Homestead Ave – Holyoke, MA 01040 or email notarized scanned document to registrar@hcc.edu**

**Office Use Only**  
Received by: \_\_\_\_\_ SPACMNT Date: \_\_\_\_\_ Staff: \_\_\_\_\_