



<b><u>Office Use Only</u></b>	
Date Received:	
Photo ID Verified:	Initials:

## **RELEASE OF INFORMATION CONSENT FORM**

The Family Educational Rights and Privacy Act (FERPA) prohibits the institution from disclosing student records, or information from those records, to anyone other than the student to whom the records pertain, unless the institution has the student's consent. FERPA protects transcripts, grades, exams, and the like, but it also protects virtually all other records, in any format, that contain personally identifiable information about a student (student information database, class schedules, financial account, disciplinary records, "unofficial" records, photographs, and emails). By signing this form, the student gives permission to the institution to share certain pieces of information with the designated individual.

Student: \_\_\_\_\_ Manhattan Tech ID#: \_\_\_\_\_

Mark the areas for which you consent to the release of your information:

- |   |  |
|---|--|
| <input type="checkbox"/> Attendance                     | <input type="checkbox"/> Grades                |
| <input type="checkbox"/> Disciplinary Referrals/Actions | <input type="checkbox"/> Student Account       |
| <input type="checkbox"/> Financial Aid                  | <input type="checkbox"/> Other (Specify) _____ |

Indicate whom the information can be released to:

Name: _____	Name: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

This consent form is effective from the date activated until cancelled by the student. This form is not mandatory.

_____	_____	_____
Student Signature	Date Activated	Date Cancelled