



FERPA Release

I, _____, give my permission to Mitchell Community College staff and faculty to release information from my educational record to the below listed individual(s). The below listed individual(s) may also act on my behalf in matters relating to my educational record.

I will not consider the release of this information a violation of my FERPA rights. This permission is granted until such time that I end this authorization, as noted below.

Signed _____ Date _____

Student ID# _____

Begin Date _____ End Date _____
Begin Date Required *End Date Required (No more than 1 year from Begin Date)*

Please note: Photo ID must be turned in with this form.

☐ ID Verified _____ (office use only)
initials