AUTHORIZATION to COLLECT & RELEASE INFORMATION to MCC

MORGAN COMMUNITY COLLEGE

STUDENT IDENTIFICATION

Student ID: _____ Student Date of Birth: _____

Student Name: _____

Last 4 digits of Student Social Security Number or other ID: _____

AUTHORIZATION

I authorize Morgan Community College, or its representatives, to be permitted to review and obtain copies of academic, psychological, medical, vocational, financial, and other related records and to discuss pertinent information with professionals involved in my academic program.

I give my permission for Morgan Community College to share the information received with any institution that is paying all or part of the cost of my academic program. I understand that the purpose for obtaining this information is to provide Morgan Community College with data to assist in the formulation of my academic plan.

This authorization will be in effect through the end of my academic program or at any time I rescind this authorization in writing. This authorization will also automatically terminate if I have not taken any courses within one calendar year.
I understand that I have a right to a copy of this authorization and certify that I have received a copy. I also agree that a photocopy or fax transmission of this authorization will be accepted as original if necessary.

Specifically, I have authorized the following information be released by the following institutions/individuals to Morgan Community College:

Institution/Individual	Information	Purpose	Dates

☐ I RESCIND PERMISSION for the above listed Individual(s) or Institution(s) to release my information to MCC, effective the date of my signature below.

Student Signature: _____ Date: _____

Witness Signature: _____ Date: _____

RETURN INFORMATION

Morgan Community College
Attn: Dan Marler
920 Barlow Road Fort Morgan, CO 80701
FAX 970-542-3114
EMAIL Student.Services@MorganCC.edu

Print Form