

AUTHORIZATION to RELEASE PROTECTED INFORMATION



STUDENT IDENTIFICATION

Student ID: _____ Student Name: _____

I GIVE PERMISSION

1. I give permission for Morgan Community College to share the specific information indicated upon the request by the institution or person listed.
2. This authorization will be in effect until December 31 of the year of my signature or until I submit an additional form rescinding this authorization.
3. I understand I have a right to a copy of this authorization and certify that I have received a copy.
I also agree that a photocopy, electronic scan, or fax transmission of this authorization will be accepted as original if necessary.
4. The person or individual will provide the "code" listed below when they contact the college.
5. In-person requests will require an acceptable photo ID.

Release information to:

(Use a separate form for additional individual/institution)

This is the "code" that I have given to the individual/institution for them to request the information listed. _____

Information to be released:

(Be SPECIFIC - words like "All" or "Everything" are not specific)

Examples of Types of Information:

- | | | |
|--|---------------------------|--|
| -Financial Account Balance Due | -Financial/Library Holds | -Academic Standing & Status (Probation/Suspension) |
| -Financial Account Records | -Term Grade Point Average | -Course Schedule/Meeting Times/Locations |
| -Financial Aid Award & Scholarships | Final Course Grades | -Cumulative Grade Point Average (CGPA) |
| -Financial Aid Status (Probation/Suspension) | | -Requirements Remaining to Complete Declared Major |

=This information is available to students 24/7 via the MyMCC account Portal. Students themselves can provide this information at will to anyone.=

I RESCIND PERMISSION for the above listed Individual or Institution to have access to my information effective the date of my signature below.

SIGNATURE SECTION

IMPORTANT

Student Signature must be witnessed by MCC Staff in person OR if received by FAX, Mail, E-mail, etc., Student Signature must be notarized.

**MCC Staff Witness
Signature & Title:** _____

Date: _____

*Student: DO NOT SIGN THIS FORM IF IT IS NOT BEING WITNESSED BY MCC STAFF. A NOTARY will need to WITNESS your signature and verify your identity.

***Student Signature:** _____

Date: _____

To be completed by Notary Public if not witnessed by MCC staff:

State _____)	Signature of Notary Public
County of _____)	My Commission Expires: _____ (SEAL)
Sworn to and subscribed before me this _____ Day of _____ , _____	

RETURN INFORMATION

Return completed form to:
 MCC Student Services
 920 Barlow Road Fort Morgan, CO 80701
 FAX 970-542-3114
 EMAIL Student.Services@MorganCC.edu