AUTHORIZATION to RELEASE ACADEMIC RECORDS INFORMATION

MORGAN COMMUNITY COLLEGE

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 Account Records
-Financial Aid Award & Scholarships
-Financial Aid Status (Probation/Suspension)
-Financial/Library Holds
-Term Grade Point Average
Final Course Grades
-Academic Standing & Status (Probation/Suspension)
-Course Schedule/Meeting Times/Locations
-Cumulative Grade Point Average (CGPA)
-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.

Student Signature: _____

MCC Staff Witness Signature & Title: _____

Date: _____

State _____)

County of _____)

Sworn to and subscribed before me this

_____ *Day of* _____ , _____

Signature of Notary Public

(SEAL)

My Commission Expires:

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

Print Form