

## STUDENT CONSENT TO RELEASE INFORMATION

In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974 as Amended, Eastern Maine Community College will not release student grades, schedules, or financial aid information to parents, spouses, or others, unless written permission is given by the student.

Completed forms should be returned to:

Office of Institutional Research and Student Data  
EASTERN MAINE COMMUNITY COLLEGE  
Enrollment Center  
Katahdin Hall  
354 Hogan Road  
Bangor, ME 04401  
207-974-4613 phone 207-974-4683 fax

Student's Name: \_\_\_\_\_ EMCC ID Number: \_\_\_\_\_

*please print*

Student's Date of Birth: \_\_\_\_\_ or Last 4 digits of Social Security Number \_\_\_\_\_  
(*this information will only be used for identification purposes*)

By signing below, I authorize the appropriate offices or personnel at Eastern Maine Community College to release information regarding my Educational Records which include: Academic, Financial Aid, Billing, Student Employment and EMCC Student Code of Conduct information. Under no circumstance, will the college release any medical information. *The College may share Educational Records with those people who claimed you on last year's income tax returns, regardless of permissions granted in this form.*

Name **and last 4 digits** of the social security number of the parent(s), guardian, spouse or others that you wish to grant permission to:

Name: \_\_\_\_\_ \*Last 4 digits of Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ \*Last 4 digits of Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ \*Last 4 digits of Social Security Number: \_\_\_\_\_

*\* This information will only be used for identification purposes.*

**This authorization may be revoked in writing at any time. Otherwise it will remain in effect during my enrollment at Eastern Maine Community College.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_