

Family Educational Rights and Privacy Act

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

To facilitate release of information to a parent, guardian or other person listed below, I do hereby authorize Pearl River Community College to share, upon request, any and all financial, academic, disciplinary or other education records the university may have about me, with any of the following persons:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

This authorization shall stay in effect for the duration of my enrollment at PRCC or until such time as I may choose to revoke it.

Students Name: _____

Student's Signature: _____

Date: _____

Student's I.D. #: _____

Date of Birth: _____