Manchester Community College

1066 Front Street, Manchester, NH 03102 | Phone: (603) 206-8110 | Fax: (603) 668-3061

Authorization to Release Information Form

Student information is confidential and cannot be released to another party without written permission except as prescribed by Federal Law. (FERPA) (20 U.S.C. 1232g; 34 CFR Part (99). If you would like to designate a party access to discuss your information please complete this form.

I, _____, ID# A_____
give my permission to Manchester Community College to discuss with and authorize access to my **Academic, Admissions,** and **Financial** information.

_____ _____
Name *Relationship*

_____ _____
Name *Relationship*

_____ _____
Name *Relationship*

I understand that this release of information does **NOT** allow access to the **SIS** Student Information System (Student records via the Internet) or official transcripts.

I DO NOT authorize access for the following information:

____**Academic** ____ **Admissions** ____ **Financial**

_____ _____
Signature (Please sign in ink.) *Date*

*****Any changes/updates to this authorization must be submitted on a new form*****

Office Use

_____SPACMNT REL

_____Copy to Registrar