MANCHESTER COMMUNITY COLLEGE
1066 Front Street, Manchester, NH 03102 | Phone: (603) 668-6706 | Fax: (603) 668-5354 | TDD: (603) 668-1792

AUTHORIZATION TO RELEASE INFORMATION

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 @_____ give my permission to Manchester Community College to discuss my Academic, Admissions and Financial information with and authorize access of my Academic, Admissions and Financial information to:

_____ _____
Name **Relationship**

_____ _____
Name **Relationship**

_____ _____
Name **Relationship**

I understand that this release in information does **NOT** allow access to the Student Information System *(Student records via the Internet)* or official transcripts.
I **DO NOT** authorize access for the following information:

____ Academic ____ Admissions ____ Financial

_____ _____
Signature **Date**

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

Office Use

_____ **SPACMNT REL**

_____ **Copy to Registrar**