



444 Green Street, Gardner, MA 01440-1000

STUDENT RECORD INFORMATION WAIVER

Student Name: _____
Last, First, Middle

ID#: _____

IN ACCORDANCE WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

I authorize the release of the following student records that are protected under the Family Education Rights and Privacy Act (FERPA), 20 U.S.C. 1232g, 1974, and all related amendments, for the time period indicated, to the individual(s) listed below:

- Item(s) to be released:
- _____ 1. Copy of my grade report and/or academic transcript
 - _____ 2. Copy of my class schedule
 - _____ 3. Copy of my student bill/invoice and payment plan information
 - _____ 4. Copy of my financial aid award information
 - _____ 5. Other (please specify) _____

Release information to:

Name: _____ Relationship to student: _____

Address: _____
Street City State Zip

Phone Numbers: Day _____ Evening _____

Name: _____ Relationship to student: _____

Address: _____
Street City State Zip

Phone Numbers: Day _____ Evening _____

=====

_____ I authorize the release of the above information for only the _____ semester.

_____ I authorize the release of the above information for every term of enrollment at MWCC for a one year period effective the date this authorization is signed.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY: All releases of records authorized by this waiver are tracked in student record on SPACMNT.

Expiration Date: _____