

Holyoke Community College

Student Information Release Form

Holyoke Community College considers all students to be independent as defined in Section 152 of the Internal Revenue Code. The College will **not** disclose non-directory information of any student except where the Family Educational Rights and Privacy Act requires or allows disclosure without consent.

By completing this form, a student may waive his/her rights to non-disclosure and permit the College to disclose specified information to an individual or agency without obtaining further written consent.

The full text of the Holyoke Community College Confidentiality of Student Records policy can be found in the Student Handbook.

I, _____, as a Holyoke Community College student
(Please print name)

consent to the disclosure of the following information to the individuals listed below.

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> All academic records | <input type="checkbox"/> Class schedule for the _____ semester |
| <input type="checkbox"/> Final grades for the _____ semester | <input type="checkbox"/> Billing information |
| <input type="checkbox"/> Mid-term grades for the _____ semester | <input type="checkbox"/> Financial aid records (including academic records for financial aid purposes only) |
| <input type="checkbox"/> Other _____ | |

Name/s (Please provide full name)

Relationship

I understand the Family Educational Rights and Privacy Act regulations as stated above.

Student Signature

Student I.D. #

Date

* This option will remain in effect until rescinded by the student in writing.

Note: If this form is not completed in front of a staff member of the Welcome Center, Student Records or Financial Aid Office, the signature must be notarized.

State of _____

County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

My Commission Expires: _____

(Notary Public)

(Seal)

Submit form to: Holyoke Community College - Student Records Office – 303 Homestead Ave – Holyoke, MA 01040

Office Use Only

Received by: _____

SPACMNT Date: _____ Staff: _____

Originating Office: Welcome Center Student Accounts Financial Aid

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