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:

☐ All academic records
☐ Class schedule for the _________ semester
☐ Final grades for the _________ semester
☐ Billing information
☐ Mid-term grades for the _________ semester
☐ Financial aid records (including academic records for financial aid purposes only)
☐ 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* This option will remain in effect until rescinded by the student in writing.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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