



## PERMISSION TO RELEASE INFORMATION

I, \_\_\_\_\_ grant permission to Mayland Community College to release the following information to the individuals, business, and/or organizations listed below.

\_\_\_\_\_ Financial Aid Information

\_\_\_\_\_ Educational Records


“Financial Aid Information” includes any documentation in the student’s file in the Financial Aid office, such as Pell Awards, scholarships, state grants, or other financial information.

“Educational Records” is defined as anything in the student’s educational record within the Registrar’s Office. MCC may disclose, without consent, “directory” information, such as name, address, telephone number, date and place of birth, honors and awards, and dates of attendance.

### A PHOTO ID IS REQUIRED WHEN THIS FORM IS SIGNED AND WITNESSED

This permission remains in effect until I cancel it by notifying the Registrar’s Office in writing.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student Name Printed

\_\_\_\_\_  
Social Security or Student ID#

\_\_\_\_\_  
Date

The above named \_\_\_\_\_ has appeared before me and I witnessed his/her signature on \_\_\_\_\_.

Date