



FERPA RELEASE FORM

I \_\_\_\_\_ authorize Mountwest Community and Technical College to release my educational and/or financial records to the following:
(circle one or both)

Table with 2 columns: Person/Agency, Relationship to Student

I acknowledge by my signature that I understand although I am not required to release my records, I am giving my consent to release the information. I understand that this release remains in effect unless I revoke such consent in writing and the revocation is delivered to the institution.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ 942- Student ID \_\_\_\_\_

Student Signature MUST be witnessed by an MCTC Employee OR a Notary Signature is required.

Mountwest Employee Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Public
State of \_\_\_\_\_ County of \_\_\_\_\_
This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_
(DATE) (Name of person acknowledging)

(Personalized Seal)

Notary Public's Signature \_\_\_\_\_