

FERPA CONSENT & RELEASE FORM

I authorize	Mountw	est Community and	d Technical College	e to
release my <mark>educational and/or financi</mark> a	<mark>al</mark> record	s to the following:		
(Please check the appropriate	<mark>boxes)</mark>			
Person/Agency			Educational	Financial
I acknowledge by my signature that I understo	and althou	esh I am not required	to release my record	
my consent to release the information. I unde		- ·	•	
consent in writing and the revocation is delive				
choosing will be shared by myself to the individ	luals or pa	rties that I am allowin	ng access to my record	is.
Student's Signature (Required):			Date:	
Student's ID (Required):				
Student Set Pin (Must be 6 digits):				
, <u> </u>				
Student Signature MUST be witnessed by an	MCTC Em	ployee OR a Notary S	ignature is required.	
Mountwest Employee				
Mountwest Employee Witness Signature		Date	_	
, ,				
Notary Public				
State of County of				
	_			
This instrument was acknowledged before me on		by (Name of person ac	knowledging)	
	(DATE)	(Name of person as	Kilowicaging/	
	(Personalized Seal)			