



STUDENT CONSENT FORM

Mt. Hood Community College (MHCC), in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), requires the written consent of the student authorizing the disclosure of non-directory information from his or her record. This consent remains valid for one year unless the student revokes it sooner.

I, _____, hereby give my written permission to MHCC Admissions, Registration and Records staff to release my academic information and records to _____ at the address of _____.

Student Signature

Date

Print Student Name

MHCC ID#

MHCC Witness Signature

Date

Print MHCC Witness Name

cc: Student
Admissions, Registration and Records

For Office Use Only	
Action Taken:	<input type="checkbox"/> Entered <input type="checkbox"/> Indexed
Date	_____ Initials _____