



## FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT PARENT RELEASE FORM

During my regular enrollment at Mountainland ATC, I hereby grant the College permission to release information contained within my educational records to my parent(s) and/or legal guardian(s). This includes any academic information such as, but not limited to, progress reports and attendance. This also includes any financial information, such as, but limited to, my student ledger account (charges/payments) and any federal and state financial aid records.

I am aware that federal and state laws provide me the right to withhold this information from third parties, including my parents, if I so desire.

This document is granting release to my parent(s) and/or legal guardian(s) as listed below only. Release to any other third party requires separate permission on an additional form. I understand that this request will be honored until I submit a written request for disclosure to be withdrawn.

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Acknowledgement (Registration Office)

\_\_\_\_\_  
Process Date

### WRITTEN WITHDRAWAL REQUEST (if applicable, Attached)

\_\_\_\_\_  
Authorized Acknowledgement (Registration Office)

\_\_\_\_\_  
Updated Date