



MOHAWK VALLEY COMMUNITY COLLEGE

1101 Sherman Drive, Utica, NY 13501

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www.mvcc.edu

CONSENT TO DISCLOSE INFORMATION

OFFICE USE ONLY

M number _____

FROM: _____
Student's First Name Middle Initial Last Name

Permanent Address: _____
Street Address City State Zip Code

The Federal Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (FERPA), gives college students certain privacy rights over their education records.

I understand and acknowledge that the records that may be disclosed may include personally identifiable information from my education records, including but not limited to my name, address, course and grades, and personal identifiers such as: my date of birth; and, social security number.

Student Signature Date

I consent to disclosure of any personally identifiable information from my education records to PTECH Oneida-Herkimer-Madison BOCES Principal for reasons determined by Mohawk Valley Community College as appropriate.

Student Signature Date

Parent Signature (if under 18 years of age) Date

MOHAWK VALLEY COMMUNITY COLLEGE STAFF ONLY
Received By/Date _____ Initials: _____