



FERPA Release Form

Date _____

Student Name _____ (Print) Student ID # _____

Phone Number _____ Email Address _____

I hereby authorize the Community College of Baltimore County to release demographic information and information pertaining to my educational experience including academic records, student account and financial aid information, enrollment and other relevant documents.

This release expires on the last day of the _____ semester or on _____
Month/Date/Year

This release may be cancelled by the student at any time by submitting notification to the Registrar's office.

Release Information to:

Last Name	First Name	Telephone Number	Relationship to Student

Student Signature

Date

Submit this form with your picture ID:

- On-campus to the Enrollment Services Center **OR**
- By mail with an enlarged copy of your picture ID and your signature.

Mailing Address

Registrar's Office
 The Community College of Baltimore County
 Student Services Center
 7201 Rossville Boulevard
 Baltimore, MD 21237

Office Use Only

Verified by ESC or RO _____ Date received/Entered in SGASTDN _____