

## STUDENT RELEASE OF INFORMATION FORM

Parents, guardians, and other individuals associated with a student do not have the right to access the student's education record, including the student's financial account with the College. According to federal law, Anne Arundel Community College may not release specific aspects or any information of a student's education record to a parent, relative or guardian unless the student grants permission in writing to do so.

In signing this form, you the student, grant the offices you designate below permission to discuss your records with the person(s) or agency if they contact us **in person** and notify our staff that a release is on file.

To revoke a previous release, write "NONE" in the authorized individuals section.

Student Name: \_\_\_\_\_ AACC ID# \_\_\_\_\_

Full name of the individual(s), or name & address of the agency, to whom you are granting access to your education records:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate the records you are authorizing the person(s) or agencies listed above to access by initialing the box(es):

- Academic data – Records and Registration office only (not records maintained by instructors)
- Financial aid, student account, veterans benefits, and scholarships data – Financial Aid and Accounts Receivable offices
- Placement testing data – Testing Center
- Academic advising information (Not personal counseling information) – Counseling, Advising, and Retention Services office

Date you want this authorization to expire: \_\_\_\_\_

I, the undersigned, hereby authorize the Anne Arundel Community College (AACC) office(s) initialed above to release information to (and/or discuss the information noted with) the individuals or agency listed. I understand further that:

1. I have the right to consent to the release of my academic information.
2. I have the right to receive a copy of such records upon written request.
3. That this consent shall remain in effect until the expiration date listed above, unless revoked by me in writing and delivered to the AACC Records and Registration Office, but that such revocation will not affect disclosures previously made by AACC prior to the receipt of any such written revocation.

STUDENT SIGNATURE (required) \_\_\_\_\_ Date \_\_\_\_\_

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations, which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such laws and regulations.

Notice of Nondiscrimination: AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-2306 or Maryland Relay 711, 72 hours in advance to request most accommodations. Requests for sign language interpreters, alternative format books or assistive technology require 30 days' notice. For information on AACC's compliance and complaints concerning sexual assault, sexual misconduct, discrimination or harassment, contact the federal compliance officer and Title IX coordinator at 410-777-1239, [complianceofficer@aacc.edu](mailto:complianceofficer@aacc.edu) or Maryland Relay 711.