



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 #	Email	Relationship to Student

Student Signature

Date

Submit this form with your photo ID and a photo ID of the person receiving the information:

- On-campus to the Enrollment Services Center **OR**
- By mail with an enlarged copy of your photo ID, your signature and an enlarged copy of the photo of the person receiving the information.

Mailing Address

Registrar's Office
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 (scan/index) _____