



# 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 \_\_\_\_\_