



# Hinds Community College

Office of Admissions and Records

## Waiver of Rights to Privacy of Records (FERPA)

In order to assist me with my educational goals, I hereby authorize Hinds Community College to release my personally identifiable college records to:

|                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| 1. _____<br>(Name)                 | 2. _____<br>(Name)                 | 3. _____<br>(Name)                 |
| _____<br>(Address)                 | _____<br>(Address)                 | _____<br>(Address)                 |
| _____<br>(City, State, Zip)        | _____<br>(City, State, Zip)        | _____<br>(City, State, Zip)        |
| _____<br>(Relationship to Student) | _____<br>(Relationship to Student) | _____<br>(Relationship to Student) |

**I authorize this release for :**

- Academic Records (attendance, grades/GPA)
- Student Affairs Records (conduct/disciplinary, housing)
- Financial Information (awards, disbursements, eligibility, financial aid academic progress status, charges, payments, past due amounts, collection activity)
- Disability Services

**I understand that by signing this authorization, I am waiving my rights of nondisclosure of the selected records under federal law only to the person(s) specifically listed above. This release does not permit the disclosure of these records to any other persons or entities without my written consent.**

Student's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|  |               |             |                              |
|--|---------------|-------------|------------------------------|
| Received by: _____                               | Campus: _____ | Date: _____ | Copy given to student: _____ |
| Received in District Admissions Office by: _____ |               | Date: _____ |                              |

**Notice of Non-discrimination Statement:** In compliance with the following: Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Dr. Debra Mays-Jackson, Vice President for Administrative Services  
34175 Hwy. 18  
Utica, MS 39175  
601.885.7002

Dr. Tyrone Jackson, Associate Vice President for Student Services & Title IX Coordinator  
Box 1100 Raymond Campus (Denton Hall 221)  
Raymond, MS 39154  
601.857.3232  
[titleIX@hindsc.edu](mailto:titleIX@hindsc.edu)