



HINDS COMMUNITY COLLEGE

Office of Admissions and Records

Student Authorization to Release Confidential Information

I hereby authorize Hinds Community College to release my educational records (including midterm and final grades) for the _____ academic year to:

1. _____ (Name)	2. _____ (Name)	3. _____ (Name)
_____ (Address)	_____ (Address)	_____ (Address)
_____ (City, State, Zip)	_____ (City, State, Zip)	_____ (City, State, Zip)
_____ (Relationship to you)	_____ (Relationship to you)	_____ (Relationship to you)

The released reports will be used for the purposes of: _____

I authorize this release for (please check one box):

- For the Current Semester Only. Semester: _____
- For the entire time I am enrolled at Hinds

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the persons 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: _____ SS #: _____

Address: _____

City: _____ State: _____ Zip: _____

Student Signature: _____ Date: _____

Received by: _____ Campus: _____ Date: _____

Received in District Admissions Office by: _____ Date: _____

Copy sent to Student on: _____