



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. _____ (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)

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#: _____

Address: _____

City: _____ State: _____ Zip: _____

Student Signature: _____ Date: _____

Received by: _____ Campus: _____ Date: _____ Copy given to student: _____

Received in District Admissions Office by: _____ Date: _____