



OFFICE OF THE COLLEGE REGISTRAR

11011 SW 104th Street, Room 3113

Miami, FL 33176

Telephone (305) 237-2206

Fax (305) 237-2532

AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

Vj ku'cwj qtk c'kqp ku'uqgn 'hqt' tgrcug'qh'uwf gpv'tgeqtf u'0K/ku'P QV'e'r qy gt'qh'cwqtpg{ 'cpf 'f qgu'pqvr' rto k'cp{ 'r gtuaq'qt' qti cpk c'kqp'vq'cev'qp" dgj ch'qh'e'uwf gp'0K/ku'uqgn{ 'pvgpf gf "q'r gto k'yj g'tgrcug'qh'uwf gpv'gf wec'kqpcnt'geqtf u'0

IMPORTANT NOTES:

- Students must provide their picture identification along with this form. Students may fax this signed form but must also fax their picture identification.
• The person or persons requesting the information identified herein must also provide picture identification and, if a person or persons is/are acting as representative(s) for an agency, valid proof of authority to act on agency's behalf.
• A copy of this completed form will be provided to the student for whom educational records are being authorized for release.

DATE: NAME OF STUDENT (Last, First, Middle Initial): MDC STUDENT ID NUMBER:

Consent for FULL ACCESS to Educational Records: (Full access does not give authority to make changes to the student's educational record). Educational Records may include: All grades, All courses/credits, All class schedules, Test scores, Graduation information, Disciplinary actions, Immigration information, Financial information.
Consent for LIMITED ACCESS to Educational Records: (Limited access does not give authority to make changes to the student's educational record). Only my academic transcript. The following specific information or records:

One Time Use: This authorization can be used only once.
Limited Use: This authorization is effective date and expires on date
Long Term Use: This authorization will remain continuously in effect until I withdraw this authorization in writing or for a maximum of one year.

PURPOSE FOR THE AUTHORIZATION FOR RELEASE OF INFORMATION:

Name of Individual or Agency to whom access to records may be provided:

Address of Individual or Agency:

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to Miami Dade College, Office of the College Registrar. This authorization is valid for one year from the date I sign this release (unless noted differently above) when presented in person with appropriate identification. The person and/or agency receiving this information may not disclose the information received as a result of this disclosure unless specifically authorized in the "purpose" section of this release.

Student's Signature Date

