



STUDENT AUTHORIZATION TO DISCLOSE ACADEMIC INFORMATION

With regard to parental access: The Guidelines for Postsecondary Institutions for Implementation of Family Educational Rights and Privacy Act of 1974 as Amended-Revised Edition states: "At the postsecondary level, parents have no inherent rights to inspect a student's education records. The right to inspect is limited solely to the student." Records may be released only through express written permission by the student or in compliance with a subpoena.

Please sign below and return to the Office of Academic Records if you consent for college officials acting on behalf of Miles College to release to your parents (or other named individuals) your educational records.

My signature authorizes Miles College to release information about me during the period I am enrolled. This includes but is not limited to, my academic status, classroom conduct, course attendance, grades and other necessary academic information for the sole purpose of assisting me in my efforts to be academically successful. I understand that I have the right to terminate this authorization at any time by providing written notice to the Office of Academic Records.

Section A: Student Information

Name: _____ M #: _____

Cell: _____

Student Email: _____

Student Signature: _____ Date: _____

Section B: Parent/ Guardian Information

*If parent(s)/ guardian live at the same address, please list them as one.
If person(s)/ guardian named below are not your parent(s) check here: _____*

Give name, title, phone # and address:

Name: _____

Name: _____

Address: _____

Address: _____

Cell: _____

Cell: _____

Email: _____

Email: _____