

Return this completed form to: International Student Office 2006 S. Ankeny Blvd. Ankeny, IA 50023-3993

Or email: intlstudentoffice@dmacc.edu

INTERNATIONAL STUDENT Or email: intl AUTHORIZATION FOR RELEASE OF INFORMATION

DMACC does not share any information regarding your student record without a written release from you. If you would like DMACC to share your international information (*I-20, financial documents, application status, etc.*) with designated people, you must complete and sign this form listing the name of the person as well as the kind of information that DMACC can share. **PLEASE NOTE: Information will not be given to anyone over the telephone. Information will only be provided by mail to the address listed or in person (a photo ID is required).**

	ss fisted of in person (a photo ID is required).
Student's Name (please print):	
Student's Date of Birth:	
Student's Current Address:	(Street)
Student's Phone:	(City/State/Zip Code)
Email:	
	, hereby authorize ACC to disclose the following information:
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	Financial Documents Application Status
Other (must be spec	ific):
This information will be provided to:	
Name (or Institution):	
Relationship to student:	
Address:	
	(Street)
Phone:	(City/State/Zip Code)
Email:	
Student's Signature:	Date:
Pursuant to the Family Educational Rights and Pr	ivacy Act (FERPA), the Iowa Fair Information Practices Act, <u>Iowa Code</u> , Section 22.11 (1987) an Moines Area Community College (DMACC) does not release personally identifiable educational
The release of this in	formation is valid for one year from the date listed above.

Office	Signatures verified:	
Tot Olling	Date	Staff: