



Student Consent to Release Information

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g, et. seq.) requires written consent to disseminate personally identifiable education records of any student.

Student First Name	Middle Initial	Last Name	DMACC ID No.
Permanent Address	City	State	Zip Code

By my signature below, I give permission for DMACC to release the information selected on this form to the person(s) indicated.

This authorization shall remain in effect for five (5) years or until the date of my DMACC graduation, as well as rescinded by me. I understand that I may rescind this authorization by submitting a second form and selecting the "Cancel Release To:" option or by submitting another form of revocation in writing with my signature.

► **IMPORTANT** ◀ Student: You must designate a four digit pin number in order for the person(s) indicated below to access your information if and when they request the information remotely, for example, by phone. It is your responsibility to share the four digit pin with the person(s) for whom the access is being granted in order for their identity to be validated. This extra layer of security has been implemented by DMACC to protect your information.

Write Your Four Digit Pin Number Here (numbers only): _____.

X	Select the items of information that you give permission to release
	Billing and Payment Information - Examples: tuition/fee balances, financial holds, mailing/billing addresses, payment plans, accounting statements, collections/debt information
	Admission and Registration Information - Examples: application dates, programs selected, documents received/pending, residency status, mailing address information, view class schedule
	Academic Records - Examples: transcript, courses taken, grades received, GPA, academic progress, honors, transfer credit award, degrees awarded, dates of enrollment activity, status, and/or verification, semesters attended
	Financial Aid - Examples: student only data, financial aid application, financial aid award
	All Records - Includes all items of information as detailed above
	Other - <i>Instead of designating one of the broad categories described above, you may indicate in the space following an individual record or narrower set of records to be released (i.e. letter of rec):</i>

X	Name (Note: you may designate either an individual party or a class of parties to receive these records.)	Relationship (Circle One: P=Parent, G=Guardian, S=Spouse, O=Other)	Date of Birth (if individual)
	Release To:	P G S O	
	Cancel Release To:		Other:
	Release To:	P G S O	
	Cancel Release To:		Other:
	Release To:	P G S O	
	Cancel Release To:		Other:
	I Do:	Request a copy of the records disclosed pursuant to this release.	
	I Do Not:		

Student Signature:	Date:
DMACC Witness Signature:	Date:

Ankeny Campus

2006 S. Ankeny Blvd.
Ankeny, IA 50021-3993
515-964-6200

Boone Campus

1125 Hancock Dr.
Boone, IA 50036-5399
515-432-7203

Carroll Campus

906 N. Grant Rd.
Carroll, IA 51401-2525
712-792-1755

Newton Campus

600 N. 2nd Ave. W.
Newton, IA 50208-3049
641-791-3622

Urban/DSM Campus

1100 7th Street
Des Moines, IA 50314-2597
515-244-4226

West Campus

5959 Grand Ave.
WDM, IA 50266-5302
515-633-2407