

## Permission to Release/Withhold Education Record Information

Complete Part I or Part II of this form and submit it in person to the Office of Admissions & Records by the end of the third week of fall and spring semesters or the end of first week of the class for the summer and winter terms.

Student Name:	Student ID: M
Address:	
City, State, Zip:	
Preferred Phone:	Listed Phone Number is:  Home Work Cell
Part I- Authorization to Withhold Directory Inform	nation [Opt Out]
	Montgomery College and will be made available to the general public & Records in writing as specified in the instructions above:
earned toward degree; dates of attendance; degrees participation in officially recognized activities and spo	at classification, year, credit load, and number of academic credits and awards received (type of degree and date granted); and orts, photograph, weight, and height of members of athletic teams. hay be verified: Address; telephone listing; and date of birth.
Under FERPA's provisions, you have the right to with honor your request to withhold directory information.	nhold disclosure of directory information. Montgomery College will
Please consider carefully the consequences of any crelease this information; any requests for such information.	decision to withhold directory information. Should you decide not to nation from the College will be refused.
• •	escind is received by the Office of Admissions and Records.
I hereby request Montgomery College not to release the above paragraph and understand the consequent	any directory information from my academic records. I have read aces of my action.
Student Signature	Date
**** NOTE: If Part I is	signed, you may not fill out Part II.****
Part II- Authorization to Disclose Academic Infor	mation to Third Parties
without your consent, if your parents (or one of your parents can present their photo identification and mo	disclose information from your education records to your parents parents) claim you as a dependent for federal tax purposes. Your post recent Federal Tax form 1040 for disclosure. To provide the list the full, legal name of each person who you allow to access
Name(s):	
Student Signature	Date