



FERPA Release Form

✓ Date _____

✓ Student Name _____ (Print) ✓ Student ID # _____

✓ Phone Number _____ ✓ Email Address _____

I hereby authorize the Community College of Baltimore County to release demographic information and information pertaining to my educational experience including academic records, student account and financial aid information, enrollment and other relevant documents.

This release expires on the last day of the ✓ _____ semester or on ✓ _____
Month/Date/Year

This release may be cancelled by the student at any time by submitting notification to the Registrar's office.

Release Information to:

Last Name	First Name	Telephone #	Email	Relationship to Student
Ring	Cindy	410-358-3144	cring@wits.edu	WITS

✓ _____
Student Signature

✓ _____
Date

Submit this form with your photo ID and a photo ID of the person receiving the information:

- On-campus to the Enrollment Services Center **OR**
- By mail with an enlarged copy of your photo ID, your signature and an enlarged copy of the photo of the person receiving the information.

Mailing Address

Registrar's Office
 Community College of Baltimore County
 Student Services Center
 7201 Rossville Boulevard
 Baltimore, MD 21237

Office Use Only

Verified by ESC or RO _____ Date received/Entered in SGASTDN (scan/index) _____