



OFFICE OF THE COLLEGE REGISTRAR

11011 SW 104th Street, Room R-301 Miami, FL 33176

Telephone (305) 237-2206

Email Address registrar@mdc.edu

Authorization for Release of Academic Records to Parent(s) of Dependent Students

- Parent(s) must provide their picture identification along with this form and proof to demonstrate the student is dependent as defined in Title 26 U.S.C. 152 (IRS tax transcript).
- This form must be submitted to the Office of the College Registrar or the Campus Admissions and Registration Office.

Date:	Name of Student (Last, First, Middle Initial):	MDC Student ID Number:
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Consent for LIMITED ACCESS to Academic Records:

This consent is solely intended for release of student's academic records. It is NOT a power of attorney and does not permit any person or organization to act on behalf of a student.

This consent does not give authority to make changes to the student's academic record.

- Access to educational records pursuant to FERPA shall be given to the parent(s) listed on the most recent tax form unless the College has been provided with a court order, state statute, or other legally binding document (i.e. divorce, separation or custody agreement) that specifically revokes those rights of one or both parents.
- Access to a student's academic records pursuant to this release shall be limited for the calendar year immediately following the tax year reflected on the parent's most recent tax form which includes the student as a dependent.
- Academic Records include: unofficial academic transcript - test scores - enrollment information - graduation information -tuition and fees.

Purpose for the Consent for Access to Academic Records:

Name and Address of the Parent(s):

Acknowledgment:

I acknowledge the above information is true and correct and that access to educational records shall be provided subject to applicable law and as provided for herein.

I acknowledge this form is valid for the current taxable year beginning in the calendar year in which the taxable year of the taxpayer begins (unless noted differently above) when presented in person with appropriate identification.

Parent's Signature

Date

For staff use only

RESET

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Processed by: _____

Date processed: _____