



# HARRISBURG AREA COMMUNITY COLLEGE

Student Name: \_\_\_\_\_ HACCid → H \_\_\_\_\_  
Last First MI.  
Daytime Phone #: (\_\_\_\_) \_\_\_\_\_ Last four digits of Social Security Number if HACCid is not known \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

Complete this form for the campus you will attend or have attended.

<u>HARRISBURG</u> Cooper 206 One HACC Drive Harrisburg, PA 17110 <a href="mailto:registration@hacc.edu">registration@hacc.edu</a>	<u>LANCASTER</u> Registration/Student Accts. 1641 Old Philadelphia Pike Lancaster, PA 17602 <a href="mailto:lancwebreg@hacc.edu">lancwebreg@hacc.edu</a>	<u>LEBANON</u> Room 104P 735 Cumberland St. Lebanon, PA 17042 <a href="mailto:lebregistration@hacc.edu">lebregistration@hacc.edu</a>	<u>GETTYSBURG</u> Admissions/Registration 731 Old Harrisburg Rd. Gettysburg, PA 17325 <a href="mailto:gettyadmit@hacc.edu">gettyadmit@hacc.edu</a>	<u>YORK</u> 2010 Pennsylvania Ave York, PA 17404 <a href="mailto:yorkinfo@hacc.edu">yorkinfo@hacc.edu</a>
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Dear Student:

In order to protect your rights under the Family Educational Rights and Privacy Act (FERPA) of 1974, HACC, Central Pennsylvania's Community College, requires your written consent to disclose information to your parents(s), your spouse if you are married, or other third party agencies. **Without this consent, HACC cannot release your information to a third party.** If you wish a third party to receive information from your records at HACC, please complete this document and return it to the Campus Student Services Dean or Central Records Office.

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I authorize Harrisburg Area Community College to disclose written information on all of my past and current records regarding (check all that apply):

- placement test results
- academic records
- personal information
- student account information
- financial aid information

To the party indicated below.

**PRINT THE NAME AND ADDRESS OF THE AGENCY OR INDIVIDUAL TO WHOM YOU WISH INFORMATION TO BE DISCLOSED**

Agency/Individual Name	Street Address	City	State	Zip
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If the party is not an agency, but an individual, please indicate the relationship you have with the individual and the purpose of the disclosure: \_\_\_\_\_

**I authorize this release to be effective:**

Begin date (term): \_\_\_\_\_ End date (term): \_\_\_\_\_ **OR** From this time forward \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be signed in the presence of a HACC representative or High School representative, if currently in high school.)

HACC/HS Representative Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**NOTE: No information may be released under any circumstances unless the identity of the third party requestor has been authenticated. NO INFORMATION will be released over the telephone.**

**Requests for information MUST be received in writing (exceptions can be made for relevant parent information required for financial aid). The information may be released in person with verification of a photo ID, OR the information may be mailed to the address noted above.**