HACC Founded in 1964 CENTRAL PENNSYLVANIA'S COMMUNITY COLLEGE

HARRISBURG AREA COMMUNITY COLLEGE

PR

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.

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

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

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. If currently a high school student, the form must be signed by a High School representative.)

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.

08-26-11