



HARRISBURG AREA COMMUNITY COLLEGE

Student Name: _____ HACC ID: _____
Last First MI.

Phone Number: _____ Last four digits of Social Security Number if HACC ID is not known: _____

AUTHORIZATION TO RELEASE INFORMATION

Please complete this form and send it to OneStopWC@hacc.edu
from your HAWKmail account **or**
submit it to any [HACC Welcome Center](#).

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 form.

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 student conduct

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: _____

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.