

DIRECTIONS: Complete this form to allow someone other than yourself to access your records. **If your records can be discussed by phone rather than in person, please provide our office with a password that only that person will know.** It is your responsibility to keep this form current. If the date range has expired when an access request has been made, it will not be honored. Please return this form to the Records Department in the McDowell Building, Room 255.

**Schoolcraft College
Information Release Authorization**

I, _____
(student name)

XXX – XX - _____ or _____
(last four digits of SSN) (student ID#) (birth date) (password)
mm/dd only

authorize upon the expressed request of any of the following:

_____ Parent(s) – Name(s) _____

_____ Spouse – Name _____

_____ Counselor/Doctor – Name _____

_____ Other – Name _____

to release information: (please check all that apply)

_____ College Transcripts

_____ Grades

_____ Student Accounts

_____ Academic Performance (i.e. talk w/faculty member)

_____ Class Attendance

_____ Disability related issues (i.e. advocating for services needed, timely requests, etc.)

_____ Financial Aid

I grant this access to the individuals specified beginning ___/___/___ and ending ___/___/___.

Student's signature _____ Date _____

Staff signature _____ Date _____

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