



# MarymountManhattan

## Student Consent to Release of Personally Identifiable Information

By signing this form, you agree that College personnel may provide the information that you have identified to be released from your educational record, beyond that considered directory information\* A notation of this approval will be entered on the Student Information System.

\*Unless you have restricted the College from releasing directory information, the College can provide information regarding name, parents' names, address, telephone numbers, date and place of birth, major field of study, participation in officially recognized activities, dates of attendance, degrees and awards received, most recent previous schools or institutions, and photographs.

### DIRECTIONS:

1. PLEASE fill in ALL sections to authorize privacy requirements
2. WHEN COMPLETE, PRINT OUT THE FORM
3. PLEASE SIGN AND RETURN OR, MAIL IN THE FORM(S) TO: CENTER FOR STUDENT SERVICES, MARYMOUNT MANHATTAN COLLEGE, 221 E. 71 ST. NEW YORK, NY 10021

### ① STUDENT INFORMATION

STUDENT ID NUMBER

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LAST NAME

FIRST NAME

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### ② PERMISSION TO RELEASE INFORMATION

I authorize Marymount Manhattan College to release the following information from my student records to the following individual(s):

INDIVIDUAL NAME/ORGANIZATION

ADDRESS LINE 1

ADDRESS LINE 2

CITY, STATE, ZIP

### ③ LIST THE PERSONALLY IDENTIFIABLE INFORMATION

- |  |   |
|--|---|
| <input type="checkbox"/> EDUCATION/ATTENDANCE VERIFICATION | <input type="checkbox"/> PARENT(S) ADDRESS                    |
| <input type="checkbox"/> SOCIAL SECURITY NUMBER            | <input type="checkbox"/> MMC STUDENT NUMBER                   |
| <input type="checkbox"/> NAME OF PARENT(S)                 | <input type="checkbox"/> GPA                                  |
| <input type="checkbox"/> NAME OF OTHER FAMILY MEMBERS      | <input type="checkbox"/> FINANCIAL AWARDS/BILLING INFORMATION |
| <input type="checkbox"/> STUDENT'S ADDRESS                 | <input type="checkbox"/> OTHER: _____                         |
| <input type="checkbox"/> DORM ADDRESS                      |   |

(please specify)

STUDENT'S SIGNATURE

DATE