



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
2411 West 14th Street, Tempe, AZ 85281-6942

AUTHORIZATION TO RELEASE EDUCATION RECORD

Classroom Work

Name of Student: Student I.D. #:

College:

I authorize Maricopa County Community College District ("MCCCD") to publish and distribute the following particular classroom work ("Work") that I own and that I prepared for the course described below [describe the specific work and the course]

Three horizontal lines for describing the work and course.

I understand the publication and distribution of the Work will be for educational uses only and, more specifically for the following purposes:

Two horizontal lines for describing the purposes.

to the following persons:

(Indicate the Persons Who Will Receive Information)

MCCCD will have the right to use the Work perpetually so long as its use complies with the terms of this release. I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to MCCCD, but that any such revocation shall not affect disclosures previously made by MCCCD prior to the receipt of any such written revocation.

Signature: Address:

Name:

Date: Phone No.:

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.