

In order to protect privacy, federal law restricts access to personal information about students. In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, all information pertaining to a student's education record will remain confidential, unless requested information falls within the FERPA guidelines such as basic directory information (name, address, phone number, major, etc.) that is generally available to the public. All clinical information pertaining to a students' diagnosis of a medical, psychiatric, psychological, or emotional disorder and treatment shall be kept in a separate file in a locked room, under strict confidence, in accordance with FERPA guidelines and the Americans with Disabilities Act for medical information, unless the students presents a danger to himself, herself, or to others.

You, the student may grant Mohave Community College permission to release authorized information to a third party by submitting this completed form. Third parties include, but are not limited to: parents, spouses and third-party sponsors. Authorized information will be provided only upon request by, and proof of identity of the third party.

Duty to Report and Limitations of Confidentiality:

Mohave Community College (MCC)/Disability Services (DS) will observe the strictest confidentiality of a student's disability. However, MCC/DS and its staff maintains the right to report information to MCC departmental staff, faculty, Law Enforcement and emergency contacts/family members if student threatens harm to self and/or others, or the planning of a commission of a crime (see Tarasoff v Regents of the University of California). Final determination for providing reasonable accommodations will rest with the institution and its assigned agents. MCC and DS reserve the right to deny services to any individual who presents a danger to themselves or others, or who make their intentions known to harm others, and will take necessary preventative and legal actions to maintain safety.

Print Student Information			
First	Middle	Last	MCC Student ID Number
Current Mailing Address (Street, City, State, Zip)			
Print Third Party Designee: PERSON			
Name		Relationship to Student	
Address (Street, City, State, ZIP)		Birthdate (MM/DD/YYYY)	Last 4 Digits of SSN
Print Third Part Designee: AGENCY			
Agency Name			
Address (Street, City, State, ZIP)		Phone Number	

Illegible, incomplete, incorrect, unsigned, or undated forms will not be accepted and will be returned to the MCC employee witnessing the form; if witnessed by a notary public, the form will be returned to the student.

This form has no expiration date. It is your responsibility (the student's) to revoke this authorization at any time by written, dated communication to the Compliance Office.

AUTHORIZATION FOR ACCESS TO DISABILITY INFORMATION

I hereby grant Mohave Community College permission to release authorized disability information to the third party individual(s) listed above. I understand that by submitting this form, I am not giving the third party authorization to speak, act, or sign any documents on my behalf and the College reserves the right to speak to me only. I understand that it is my responsibility to revoke this authorization at any time by written, dated communication to the Compliance Office.

Print Student Name

Student Signature

Date

MCC ID Number

The signing of this form must be witnessed by an MCC employee or Notary Public. This student has granted that information be released to the individual/agency named above.

MCC Employee (or Notary) Printed Name

MCC Employee (or Notary) Signature

Date