MISSOURI VALLEY
COLLEGE

Office of the Registrar
500 E. College St.
Marshall, MO 65340
registrar@moval.edu

Form revised 6/2026

FERPA Release of Information Authorization

Student Name: Last _____ **,First** _____ **,MI** _____

Student ID: _____

Missouri Valley College complies with the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g (FERPA) and FERPA's implementing regulations, 34 C.F.R. 99.1, et seq. Subject to certain exceptions, the College does not disclose a student's educational records and information to others without the student's written authorization. Students may sign this Release of Information Authorization Form to authorize the College to disclose the students' records and information subject to the law, applicable policies, and the parameters and restrictions set forth below.

Information about MVC's FERPA compliance is available on the College website at: Family Educational Rights & Privacy Act

By signing this form, I hereby request that Missouri Valley College provide the records and/or information in my education records to the individuals and/or organizations listed below.

Last name: _____ First name: _____ Relation: _____

Email: _____ Phone: _____

Last name: _____ First name: _____ Relation: _____

Email: _____ Phone: _____

Organization name (if applicable) _____

Contact name: _____

Email: _____ Phone: _____

This authorization is valid for the _____ academic year.

_____
Student signature

* By typing my name above, I understand and agree that this electronic signature is the legal equivalent of my manual/handwritten signature on this document.*

When completed, please download and send to registrar@moval.edu