COLLEGE OF THE MAINLAND

Admissions and Records Office
1200 N. Amburn Road, Texas City, TX 77591 | Phone: [409-933-8264] | Email: [admissions@com.edu]

STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS (FERPA)

The Family Educational Rights and Privacy Act of 1974 (FERPA) protects the privacy of student education records. College of the Mainland (COM) will not release non-directory information from your record without your written consent, except as FERPA allows. Use this form to let COM share specific information with the person(s) you name below. You may list up to two people; complete an additional form for more.

SECTION 1: STUDENT INFORMATION

Last name	
First name, middle initial	
COM Student ID number	
Date of birth	
Phone	
COM student email	
Mailing address	

SECTION 2: PERSON(S) AUTHORIZED TO RECEIVE INFORMATION

COM staff will verify identity before releasing information. Each authorized person must give the passphrase you set below; staff will not release information without it.

	Authorized person 1	**Authorized person 2**
Full name		
Relationship to student		
Phone		
Email		
Mailing address		
Passphrase (4–10 characters, shared only with this person)		

Authorized persons may receive information by (check all that apply): ☐ Phone ☐ Email ☐ In person (photo ID required) ☐ Mail

SECTION 3: INFORMATION TO BE RELEASED

Check each item COM may share with the person(s) in Section 2. Unchecked items will not be released.

☐ **All education records** listed below

☐ **Academic records:** courses, grades, GPA, academic standing, transcripts

☐ **Enrollment and registration:** class schedule, enrollment status, dates of attendance

☐ **Degree audit and graduation status**

☐ **Financial aid:** awards, eligibility, satisfactory academic progress, disbursements

☐ **Student account and billing:** charges, payments, balances, refunds, payment plans

☐ **Admissions:** application status and documents

☐ **Disciplinary records** (Dean of Students)

☐ **Other (specify):** _____

This consent lets COM discuss and disclose the checked information. It does **not** let the authorized person register, drop classes, change records, or act on the student's behalf.

SECTION 4: PURPOSE AND DURATION

Purpose of release *(e.g., parent assistance, scholarship verification, employer tuition reimbursement):*

_____

This consent remains in effect (check one):

☐ Until I revoke it in writing

☐ **Until this date:** ____ / ____ / _____

☐ For the current academic year only (through the last day of the summer term)

SECTION 5: STUDENT ACKNOWLEDGMENT AND SIGNATURE

By signing, I authorize College of the Mainland to disclose the information checked in Section 3 to the person(s) named in Section 2. I understand that:

1. I am not required to sign this form, and my enrollment does not depend on it.
2. This consent covers only the records I checked and only the people I named.
3. COM may release directory information without my consent unless I have asked the Admissions and Records Office in writing to withhold it.
4. I may revoke this consent at any time by submitting a signed, written request to the Admissions and Records Office. Revocation does not affect disclosures made before COM received it.
5. COM keeps a record of disclosures made under this consent, and I may request a copy of what was released.

Student signature: _____ **Date:** ____ / ____ / _____

Printed name: _____

REVOCATION (COMPLETE ONLY TO CANCEL THIS CONSENT)

☐ I revoke this consent for all persons named in Section 2.

☐ **I revoke this consent only for:** _____

Student signature: _____ **Date:** ____ / ____ / _____

SUBMITTING THIS FORM

Return the signed form to the Admissions and Records Office in person (bring photo ID) or by email from your COM student email account to [admissions@com.edu]. Forms sent from a personal email address, by fax, or by mail may require a notarized signature. COM must have this form on file before releasing any non-directory information. Students may also grant access through Proxy Access in Student Self-Service.

Questions about FERPA: see the COM Catalog section on the Family Educational Rights and Privacy Act, or studentprivacy.ed.gov.

OFFICE USE ONLY

Received by		**Date received**	
ID verified (type)		**Entered by / date**	

Copies sent to: ☐ Financial Aid ☐ Student Accounts ☐ Dean of Students