



AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

DIRECTIONS

In compliance with the Federal Family Education Rights and Privacy Act of 1974 and CNM policy on Examination of Student Records, CNM is prohibited from providing certain information from your student records to a third party.

You may, grant CNM permission to release information about your student records to a third party by submitting a completed Authorization for Release of Educational Records form. You must complete a separate form for each third party to whom you grant access. **NOTE: It is CNM policy not to release certain aspects of student records (e.g., registration, grades, GPA) over the phone or via e-mail.**

Please note that your authorization to release information has *no expiration date*; however, you may revoke your authorization at any time by sending a written request to the Central New Mexico Community College Student Records Office.

Submit your completed form to the CNM Student Records Office, 900 University Blvd SE, Albuquerque, New Mexico, fax it to 505-224-3237, or mail it to

Central New Mexico Community College
Student Records Office
525 Buena Vista SE
Albuquerque, NM 87106

Section A - Student Information <u>Print information in blue or black ink only</u>		
_____	_____	_____
Name (Last, First, Middle Initial)		CNM Student ID number
_____	_____	_____/_____/_____
Other names used	Daytime phone number	Date of Birth (mm/dd/yyyy)

Section B - Third party designee (person authorized to receive student information) <u>Print information in blue or black ink only</u> - A photo id will be required of the third party in order to obtain information.	
_____	_____
Name (Last, First, Middle Initial)	Daytime phone number
_____	_____
Current Mailing Address	Relation to student

Section C – Authorization I authorize the above third party, named in Section B, to access my CNM educational records. This information may include but is not limited to admission, enrollment, academic achievement, performance, attendance, disciplinary, financial aid and financial documents and information. I understand that for access to my medical records, a specific release will be required. This authorization does not permit the third party to make any changes.	
Copies of this authorization that show my signature are as valid as the original release signed by me.	
_____	_____/_____/_____
Student's signature	Date (mm/dd/yyyy)