



AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

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, Enrollment Services Office.

You can submit your completed form and required state identification to the CNM Enrollment Services Office, email it (preferably using your secure CNM email account) to records@cnm.edu or mail it to the following address:

Central New Mexico Community College
Enrollment Services Office
Student Records Department
525 Buena Vista SE
Albuquerque, New Mexico 87106

Print information in blue or black ink only

Students are required to submit a copy of their CNM or state ID when submitting this form

Section A - Student Information		
_____	_____	_____
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)	
_____	_____
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.	
Special Note to the Third Party: Please be advised that the recipient of records under this authorization may <u>not</u> redisclose information from education records without the prior written consent of the student or as permitted by law. 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)