

**MISSISSIPPI DELTA COMMUNITY COLLEGE
CENTER OF LEARNING**

DATA RELEASE FORM

Students who wish to voluntarily release their College Center of Learning records to Mississippi Delta Community faculty, staff, and/or administration, are required to complete this data release form.

I, _____ consent to the release of information regarding my progress in the College Center of Learning to the following individual(s) employed by MDCC:

for the specific purpose(s) of coordination of academic services and/or classroom credit.

I do understand that I may revoke this consent at any time except to the extent that the action has been taken. I further understand that this consent will end at the end of the current semester and cannot be renewed without my written consent.

Tutee Signature _____ Date _____

Instructor/Tutor Signature _____ Date _____

NOTE TO INDIVIDUAL(S) RECEIVING THIS INFORMATION: This information has been disclosed to you from the records of the above student whose confidentiality is protected. Refrain from making further disclosure of it without specific consent of the person to whom it pertains, or as otherwise permitted by such regulations.