

STUDENT RECORDS GRADUATION APPLICATION FOR FORMER MTC STUDENTS



Please complete, sign and return form to: Midlands Technical College, PO Box 2408, Columbia, SC 29202,
ATTN: Permelia Luongo | luongop@midlandstech.edu
First Name _____
Last Name: _____
Desired Area of Study/Learning Program at MTC: _____

By signing this agreement you grant MTC permission to:

- › Reactivate your record, if needed
- › Update your address and email, if it has changed
- › Change your learning program and/or catalog year to one that allows you to graduate, if you have not met the requirements in the MTC area of study/learning program indicated above
- › Request copies of transcripts from other colleges you have attended
- › Evaluate transcript(s) and transfer applicable credit to complete your degree

Please list the college(s) you have attended:

Clearly print name as it should appear on diploma or certificate (legal name only; no titles; indicate punctuation). IF this differs from what is in your current MTC records, you will be contacted to complete the name change process.

First: _____ Middle: _____ Last: _____
Full Legal Name: _____ Date of Birth: _____
List any former names: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
Email: _____

May we send confidential student information to the email address noted above? Yes No

FERPA Statement

FERPA (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. In accordance with FERPA, it is the policy of MTC to withhold certain educational records unless the student provides consent to disclose information. The purpose of this form is to provide the consent to MTC as required by FERPA.

I, the undersigned, hereby understand and authorize MTC to perform a credit evaluation of my classes at MTC as well as classes completed at the above noted college(s) to award a degree, diploma, or certificate, if I am eligible to graduate.

This release form is effective from the date of signature below and consent remains in effect until receipt of written revocation.

Student Signature: _____ Date: _____