

MEXICAN AMERICAN CATHOLIC COLLEGE

Registrar's Office | 3115 W Ashby Place | PO Box 28185 | San Antonio TX 78228  
210-736-2963 (fax) | 210-732-2156 (phone) | [registrar@maccsa.org](mailto:registrar@maccsa.org)

Request to Share the Education Record

**Instructions:** Students who are part of a religious community or an organization that has applied for and has been approved for an account by the Finance Department must complete, sign, and submit this form. (The *Billing Authorization Request* may also be required.)

A. Student Data

student

id number

B. Community/Organization/Institution Data

- This community/organization/institution is the same as my billing information.
- This community/organization/institution has arranged my billing, but my billing address is different; therefore, I will ensure that my billing address is correct.

name of diocese/institution/individual

diocese/institution phone number

contact person (if individual is not named above)

contact person's phone number

title/position of contact person

contact's email address

address

city, state zip

fax number

C. Request Data

By signing below I authorize the release of my education record data to the defined individual and/or diocese/institution. Any information pertaining to me and/or my education may be released as noted. If there is a change in the contact person, I will notify the Registrar's Office immediately in writing. If I am no longer a member of the diocese/institution, I will also notify the Registrar's Office immediately. I understand and acknowledge that it is my responsibility to ensure that my record is updated and correct.

student's signature

date