

## FERPA - AUTHORIZATION TO RELEASE INFORMATION

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Student Name: \_\_\_\_\_ ID / SSN#: \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records. By signing this form, you agree that college personnel may provide information from your education records as indicated below. **This form must be submitted *in person with a picture ID* to be valid. College personnel collecting this form should initial to verify ID was shown.**

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Ursuline College is permitted to disclose some information from your educational records to your parents if your parents (or one of your parents) claim you as a dependent for federal tax purposes. (Dependency information may also be obtained from financial aid records for disclosure of educational records to parents without consent.)

I certify that my parents claim me as a dependent for federal income tax purposes. (Only student account/billing and financial aid information can be discussed with parent(s).)

I am a dependent or independent student, but I do agree that Ursuline College may disclose the following information from my education records.

CHECK ALL APPLICABLE RECORD(S)

\_\_\_\_\_ All Educational Records Listed in this Form

\_\_\_\_\_ Academic Records (including transcripts, grade reports, advising records, attendance records)

\_\_\_\_\_ Student Account and Billing Records

\_\_\_\_\_ Financial Aid Records (including grants, loans, scholarships, documentation)

\_\_\_\_\_ Student Affairs Records (including housing, conduct/disciplinary)

\_\_\_\_\_ Other Records (specify) \_\_\_\_\_

The person(s) authorized to receive these records is (are):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

I understand that this consent and authorization shall remain in effect until written revocation from me is received by the Registrar's Office, and that such revocation shall not affect disclosures previously made prior to the receipt of my written revocation.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO THE REGISTRAR'S OFFICE (MU 203)**

### Office of the Registrar