

## Example of an On-Line FERPA Authorization Form

*Complete this form on-line and hit the "Submit" button when you are finished.*

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of a student's educational records. This includes information about your financial aid. Financial aid information is available only to you, the student, unless you complete this FERPA waiver.

Student ID Number	Student Date of Birth
Student First Name and Middle Initial	Student Last Name

Person(s) to whom disclosure should be made

Full name	Relationship to Student
Full name	Relationship to Student

I understand that, by submitting the form electronically, I am authorizing access to my financial aid records by the above-mentioned person(s). I also understand that this authorization remains in effect until such time as I revoke it and that revocation must be made in person in the Office of Student Financial Aid.

Click here to sign	Date
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## Example of a Paper-Based FERPA Authorization Form

*Initial the items you are authorizing release of and provide complete information about the person(s) authorized to receive this information. Submit this form to the Office of Enrollment Management at ADDRESS.*

In accordance with Family Educational Rights and Privacy Act (FERPA), when a student reaches the age of 18 or is attending an institution of postsecondary education, the rights of access to student records transfers from the parents to the student, unless the parents submit verification that they claimed the student as a dependent on their most recent Federal income tax return or the student submits written authorization to release information to his/her parent(s) to the Office of Enrollment Management.

By signing this form, I authorize NAME of SCHOOL to release the information indicated to the person(s) specified below.

	Academic Information: registration, grades, attendance, honors and awards, academic disciplinary actions
	Financial Aid Information: status, types, and amount of awards
	Business Office Information: bill amount, due dates, status of account
	Campus Life Information: student conduct violations, disciplinary actions

This information may be released to the following person(s)

Name 1:	Address:
Phone #:	Relation to student:
Name 2:	Address:
Phone #:	Relation to student:

Directory information may be released without a student's written consent. Directory information includes name, address, phone number, email address, program of study, dates of attendance, enrollment status, degrees, photographs, honors and awards, and participation in student organizations. Students have the right to request that Directory Information not be released. If you decide not to release your Directory Information, we will not include your information in college news releases, newspaper articles, or radio/television broadcasts regarding honors and awards. We will not include your information on college websites, in college publications or college directories.

	Do NOT release my Directory Information
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Student Name: (please print)	Student ID#:
Student Signature	Date

This authorization will remain in effect until the student completes a new form or the student is no longer enrolled at NAME of SCHOOL.

Complete this form and submit it to the office of the Registrar.

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of your (the student) educational records. NAME of SCHOOL may provide access to your education records to a third party if you provide written authorization using this form. Note also that a "qualified parent" may receive access without written authorization by providing a copy of the parent's most recent IRS 1040 or 1040A form to the Office of the Registrar to show you were claimed as an exemption.

I am a student at NAME OF SCHOOL. I give my voluntary consent to NAME OF SCHOOL officials to disclose the following education records *(Please describe the records in detail)*

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You may disclose these records to \_\_\_\_\_.

I want this consent to end \_\_\_\_\_. I also understand I can revoke this consent at any time.

\_\_\_\_\_ I would like to receive copies of any records that are disclosed.

\_\_\_\_\_ I do not want to receive copies of any records that are disclosed.

Printed Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

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

Notarization Required

*(if student does not personally appear in the Office of the Registrar)*

State of \_\_\_\_\_, County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for said County and State,

do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of this instrument and, being duly sworn by me, made oath that the statements in the foregoing instrument are true. Witness my hand and

official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Official Seal

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires \_\_\_\_\_

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NAME OF SCHOOL Verification of Student Identification (for in person appearance)

This student appeared before me and I verified his/her picture identification.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_