



# FERPA Authorization to Release Information

## Student Information (Please Print)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ ID# 0000 \_\_\_\_\_

The College of Saint Elizabeth, in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), has designated the following items as "directory" information: student's name, major field of study/ curriculum, enrollment status, anticipated degree date, degree received.

The College of Saint Elizabeth may disclose any of the above listed items without the student's prior written consent, unless the Registrar's Office is notified in writing to the contrary.

All other students information, such as, *academic records, financial aid records and billing records*, is considered confidential and will not be released, with certain exceptions, without the student's written permission.

If you wish for a third party to have access to some or all of your student information, please complete the form below and return to the Registrar's Office.

I, \_\_\_\_\_ (student name), hereby authorize  
(Please Print)

the College of Saint Elizabeth to release information that is designated below:

\_\_\_\_ Only Academic Records (including grades and schedule of classes)

\_\_\_\_ Only Financial Aid

\_\_\_\_ Only Financial Records Related to Billing

\_\_\_\_ All of the above, including: Academic Records, Financial Aid and Financial Records related to billing

I authorize this information to be released to the following parties: (please print)

1) \_\_\_\_\_ Relationship \_\_\_\_\_

2) \_\_\_\_\_ Relationship \_\_\_\_\_

3) \_\_\_\_\_ Relationship \_\_\_\_\_

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

**Please Note:** This form becomes null and void upon your separation from the College of Saint Elizabeth. If you wish to extend the provisions of this form past your separation from the college, please complete a new form which is available in the Registrar's Office.

Registrar's Office \_\_\_\_\_ Date \_\_\_\_\_