



FERPA CONSENT TO RELEASE STUDENT INFORMATION

TO: St. Vincent's College Office of the Registrar

Please provide information from the educational records of _____ to:
(Student's name)

_____ [name(s), and if appropriate the relationship to the student such as "parents", "prospective employer" or "attorney"]

(Note: this Consent does not cover medical records held solely by Student Health Services or the Counseling Center – contact those offices for consent forms.)

The only type of information that is to be released under this consent is:

- _____ transcript
- _____ disciplinary records
- _____ recommendations for employment or admission to other schools
- _____ financial aid records
- _____ business office records
- _____ all records
- _____ other (specify) _____

The information is to be released for the following purposes:

- _____ family communication about university experience
- _____ employment
- _____ admission to an educational institution
- _____ other (specify) _____

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parent's financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this consent prospectively.

Name (print) _____

Signature _____

Student ID Number _____

Date _____