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 ________________________________________________________________

July 12, 2013