



FERPA RELEASE FORM

In compliance with the Federal Family Education Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Edgewood College is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fee assessments, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited to, your parents, your spouse, or a sponsor.

You may, at your discretion, grant the College permission to release information about your student records to a third party by submitting a completed Student Information Release Authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The College will not automatically send information to a third party.

Submit your completed form to the Edgewood College Office of the Registrar at the address given below. Please note that your authorization to release information has no expiration date; however, you may revoke your authorization at any time by sending a written request to the same address.

I, the undersigned, hereby authorize Edgewood College Military & Veterans Services to release/discuss the specified educational records and information:

Educational Records and Information: [Please check all that apply]

- | | |
|---|--|
| <input type="checkbox"/> Review of all Educational Records | <input type="checkbox"/> Financial Aid Records |
| <input type="checkbox"/> Grades for the Academic Year/Transcript | <input type="checkbox"/> Billing, Payments, Student Accounts Records |
| <input type="checkbox"/> Official Transfer Credit Evaluation/
Degree Progress Report | <input type="checkbox"/> Military/Active Duty Records |
| <input type="checkbox"/> Recommendations: Employment/Admissions | <input type="checkbox"/> Veterans Records |
| <input type="checkbox"/> All Records : _____ | <input type="checkbox"/> Disciplinary Records |
| | <input type="checkbox"/> Other (specify): _____ |

To: _____
[Please print name]

Relationship: _____
[Please print relationship]

Address: _____

For the purpose of:

- | | |
|--|---|
| <input type="checkbox"/> Family Communications about the College
Experience | <input type="checkbox"/> Professional Certification of Licensure |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Handling my Department of Veterans Affairs
Educational Benefits |
| <input type="checkbox"/> Admission to an Educational Institution | <input type="checkbox"/> Other: _____ |

I understand this information may be released orally or as copies of written records. I understand I have the right to inspect any written records released pursuant to this Release (except for parents' financial records and certain letters of recommendation for which I have waived my inspection rights). I understand I may revoke this Release prospectively.

This release does not permit the disclosure of these records to any other persons or entities without my written consent or as permitted by law.

This release form is effective _____ **to** _____
Day/Month/Year Day/Month/Year

Student's Signature Date

Student's Name (Please Print)

Address (Street, City, State, Zip)

Student Identification #