

## FERPA Information Release Authorization Ecclesia College

This form is required for each college institution you attend.

In compliance with the federal Family Educational Rights and Privacy Act of 1974 (FERPA) a college/university 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 to all third parties, including, but not limited to: your parents, spouse, or sponsor. Some exceptions to the disclosure prohibition exist.

Under FERPA, a college is permitted to disclose information from your educational record to your parents (or to one of your

parents/legal guardian), if your parents (or one of your whether your parents claim you as a tax dependent.	parents) claim you as a d	ependent for federal ta	ix purposes. Please indica	te
Please check the appropriate box:				
Yes, I certify that one or both of my parents, or a le	egal guardian claim me as a	dependent for federal	income tax purposes.	
No. I certify that my parents (or legal guardian) do				
If only one of your parents claims you as a dependent for	•			ent
your consent. Information will only be shared with the p	parent who claims you as a	dependent.		
☐ Father ☐ Mother ☐ Legal guardian				
You may, at your discretion, grant the college/university play submitting a completed FERPA Information Release whom you grant access to information on your student rethe authorized third party. The college/university does inspect any written records released pursuant to the permission to inspect).  NOTE: For the third party designee you name on this for you have set up in your student records. Your authorization at any time by filling or	Authorization. You must of ecords. The specified informot automatically send in his Consent (except for except for except for this release overrides ion to release information	complete a separate formation will be made as formation to a third p instances where stussell FERPA directory suexpires 1 year from dates	orm for each third party vailable only if requested arty. You have the right dent has already waive	to by to ed
Section A: STUDENT INFORMATION				
Name:				
Last	First		Middle	
Student ID: Date of Birth:	Phone Num	nber:		
Current Address:	City:	State:	Zip:	

## Section B: PERSON TO WHOM INFORMATION MAY BE RELEASED

Please release information from my	academic record to the followir	ng person:		
Name:				
Last	First		Middle	
Current Address:	City:	State:	Zip:	
Email Address:	Phone Number:			
Relationship to Student: A picture ID must be presented by th	e individual authorized to view t	this student's record	1.	
<b>Security PIN:</b> For telephonic discloss authenticate his/her identity by proving number and provide it to your third	viding a four-digit FERPA PIN nu	mber. You, the stud	•	
Section C: RECORDS TO BE RELEA	SED AND FOR WHAT PURPO	SE		
Check one or more boxes below to g describing the information sought is		of records. Informat	ion will not be shared unless the box	
·	information, and any other		nt of funds information, Satisfactory ined in the Academic, Admissions,	
information, assessment test scor	es, Satisfactory Academic Pro	ogress status, resi	registration information, schedule dency information, and any other ission, Records and Registration, and	
•	ormation as it relates to parking	g tickets, library fine	rces of payment for tuition and fees, es, financial aid repayments, and any	
□ All student conduct records (records include: correspondence to and from student related to conduct issues, conduct investigative reports, and any other information related to student conduct).				
☐ Other (please specify):				
			red medical records and not covered form must be obtained for that	
The information is to be released fo	r the following purposes (chec	k all that apply):		
family communication about co	ollege experience admis	sion to educational	institution	
employment assistance	with counseling/treatment _	other (please sp	pecify):	

Section D: HOLD HARMLESS AND SIGNATURE					
I, the student, acknowledge the information listed above and agree to the terms of the <b>FERPA Student Information Release Authorization as outlined in Sections A-D.</b> I agree to hold Ecclesia College harmless from any and all liability for the release of my records to any entitles as specified above or any release of information as requested by accrediting authorities or government agencies.					
Print Student Name—REQUIRED					
Signature of Student-REQUIRED	 Date				