



## FERPA: Release and Consent to Disclose Student Education Records

Printed Name of Student: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), I hereby authorize Research College of Nursing to disclose the student education records described below to the persons or entities named below for the purpose stated below.

### 1. Records to be disclosed:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> All Records                               | <input type="checkbox"/> Service Transcript    | <input type="checkbox"/> Student Conduct Records |
| <input type="checkbox"/> Academic Transcript (e.g.,<br>Grades/GPA) | <input type="checkbox"/> Financial Aid Records | <input type="checkbox"/> Athletic Records        |
| <input type="checkbox"/> Clinical Evaluation Records               | <input type="checkbox"/> Employment Records    | <input type="checkbox"/> Student Account Records |

Other Records (e.g., medical; please specify): \_\_\_\_\_

### 2. To whom should this information be sent? (Print party or class of parties—e.g., parent, graduate school—to whom disclosure may be made—you may attach a separate list to this form if you have additional parties):

Party's Name: \_\_\_\_\_ Party's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Class of Parties: \_\_\_\_\_ Class of Parties: \_\_\_\_\_

### 3. Purpose (briefly state the reason for the disclosure; for example, scholarship, letter of recommendation, admission to a college/university, etc.): \_\_\_\_\_

**For Letters of Recommendation Only:** You must provide written consent using this form before a College employee will write a letter of recommendation on your behalf. Consent is not required for a writer of a letter of recommendation to disclose subjective observations or assessments that he/she has of you or information classified as directory information under College policy. FERPA allows, but does not require, you to waive future access to a letter of recommendation; the purpose of the waiver is so that the writer can feel comfortable giving an honest and meaningful letter of recommendation.

- I waive my right to review a copy of the letter of recommendation at any time in the future.
- I do not waive my right to review a copy of the letter of recommendation.
- I grant permission to provide a verbal reference.

I further agree to release Research College of Nursing and its officers, employees, agents, and successors, to the maximum extent permissible under law, from all claims and liabilities for damages, known or unknown, that may result from compliance with a request for a letter of recommendation.

I understand that this consent (and any waiver as relating to a letter of recommendation) shall remain in effect unless revoked by me in writing. Revocation will not affect disclosures previously made prior to receipt of the written revocation.

Please PRINT, COMPLETE, and DELIVER this form to the Registrar's Office. For letters of recommendation or references, COPY and DELIVER to the College employee who you are requesting the recommendation/reference.

**BY SIGNING BELOW, I UNDERSTAND AND AGREE WITH THE CONTENTS OF THIS RELEASE AND CONSENT.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE INFORMATION CONTEMPLATED IN THIS FORM IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF FERPA AND OTHER APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS, WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, EXCEPT AS OTHERWISE PERMITTED BY SUCH REGULATIONS.**