

# FERPA - STUDENT AUTHORIZATION RELEASE FORM

**POLICY:** Per the Family Education Rights and Privacy Act (FERPA), the written authorization of a student over 18 years of age is required in order for Saybrook to disclose the student's non-directory information to any third party. Third parties are entities other than the custodian of record and the student. Without the student's written consent, the institution cannot disclose non-directory student information. If a student wishes to disclose non-directory information, this form must be completed in its entirety.

**STUDENT INSTRUCTIONS:**

1. Clearly indicate to whom information is to be released, the type of information to be released, and the length of time records can be released.
2. Complete this form and submit to the Office of the Registrar:

**Email:** registrar@saybrook.edu

<b>STUDENT NAME:</b> _____	<b>STUDENT ID#:</b> _____
<b>E-MAIL:</b> _____	<b>PHONE#:</b> _____
<b>PROGRAM:</b> _____	

In accordance with FERPA, Saybrook University will disclose to designated parties information from the education record of a student, provided the institution has on file the written consent of the student.

I, \_\_\_\_\_, freely and voluntarily consent to the release of information from my education record. In giving permission to **Saybrook University** to make such disclosure(s), I also state as follows:

1. **Name of Party or Parties to Whom Disclosure May Be Made** (please print):  
\_\_\_\_\_
2. **Address of Party or Parties to Whom Disclosure May Be Made** (please print):  
Verified Email address(es): \_\_\_\_\_  
Phone: \_\_\_\_\_
3. Duration of Release:     While actively enrolled     Limited use (specify date or date range): \_\_\_\_\_     Other: \_\_\_\_\_
4. Purpose of Disclosure (please print):  
\_\_\_\_\_
5. Information from the following offices can be shared:  
 Academic Record including grades     Financial Aid     Student Accounts     International Student Record  
 Other (please specify): \_\_\_\_\_

This release does not permit the disclosure of information to any other persons or entities without my written consent unless specifically allowed for under FERPA. I understand it is my responsibility to revoke this authorization, if desired.

<b>STUDENT SIGNATURE:</b> _____	<b>DATE:</b> _____
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FOR OFFICE USE ONLY		
Received by: _____	Date: _____	Document in CampusVue/PC: <input type="checkbox"/>
Registrar Signature: _____		Date: _____