



# INFORMATION RELEASE FORM

## **THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (F.E.R.P.A.)**

Annually, Medaille College informs students of the Family Educational Rights and Privacy Act of 1974, as amended. This Act, with which the institution intends to comply fully, was designated to protect the privacy of educational records, to establish the rights of students to inspect and review the educational records, and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. Students also have the right to file complaints with the Family Educational Rights and Privacy Act Office (FERPA) concerning alleged failures by the institution to comply with the Act.

The full FERPA policy can be found on the Medaille College Registrar's web page at: <http://www.medaille.edu/college/registrar> under "FERPA for Students" or at <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/students.html>. In addition, it is printed in the Student Handbook. Questions concerning the Family Educational Rights and Privacy Act may be directed to the Medaille College Registrar's Office at (716) 880-2365.

### **AUTHORIZATION TO DISCLOSE STUDENT INFORMATION**

In accordance with FERPA, Medaille College will disclose, to parents, information from academic records of a student provided Medaille College has on file the written consent of the student or proof of that student being a dependent. Please sign below and return to the Medaille College Registrar's Office if you wish to release your educational records to your parents or other indicated persons. Your signature authorizes Medaille College to disclose Academic, Financial, and/or Student Life information to your parents or other indicated persons. In addition, Medaille College employees will be able to discuss your academic records with your parents or other persons as indicated below.

You are *not required* to sign the waiver below, and it can be cancelled at any time by your written request. However, Medaille College cannot discuss your records with parents (or any other third party) unless we have a signed FERPA waiver naming that person in your file OR unless you are claimed as a dependent on the most recent year's federal tax return (a copy of the tax return will be required to verify this condition). To authorize this release of information, complete the FERPA INFORMATION RELEASE FORM below. You must bring the signed form or a copy of your parents' most recent federal tax return to the Medaille College Registrar's Office for this to go into effect.

**Please Note:** Once this form has been signed, this authorization will remain valid until a written request to rescind is received by the Medaille College Registrar's Office.

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Medaille College ID: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

**Please check (X) only those that apply:**

- \_\_\_\_\_ I grant access to my **Academic Records** (including class attendance, academic progress, and grades)
- \_\_\_\_\_ I grant access to my **Financial Records** (including financial aid/process and billing)
- \_\_\_\_\_ I grant access to my **Student Life Records** (including student conduct, residence life and athletics)

***I authorize the release of the indicated student education records maintained by Medaille to the following person(s):***

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
E-mail Address: _____	E-mail Address: _____

I understand that the records indicated above may be released to the person(s) I have listed. I acknowledge that this consent will be in effect and honored until such time that I revoke this authorization in writing.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**