

Pomeroy College of Nursing
FERPA Consent Form to Release Student Information

The Family Education Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student educational records. FERPA prohibits the release of your educational records, both financial and academic, to third parties without your written consent, subject to the exceptions specified under FERPA. You may waive FERPA and allow access to your educational records, including academic records, account/billing information, and/or financial aid records, to designated third parties (e.g. parents, guardian) of your choosing by submitting this FERPA Consent Form to the Registrar. This privacy release will remain in effect for the duration of your enrollment at Pomeroy College of Nursing. Please refer to the FERPA policy in the student handbook.

STUDENT INFORMATION

Student's Name: _____

Student ID #: _____

INFORMATION TO BE RELEASED

I authorize the release of the following records (Please check all that apply):

- Academic Records (e.g. grades, transcripts, registration information, class schedule)
- Financial Aid (financial aid eligibility, state and/or federal application data)
- Student Account (billing, payments, account balances)
- Other Student Records. Please specify _____

THIRD PARTY INFORMATION

Name of individual to whom information may be released: (Please Print)

- Le Moyne College, our affiliated general education provider effective Fall 2018.

Name: _____ Relationship: _____

Address: _____ Fax#: _____

City, State, Zip Code: _____

The purpose of this disclosure is: _____

Name: _____ Relationship: _____

Address: _____ Fax#: _____

City, State, Zip Code: _____

Students must designate when the selected records will be released:

- Upon completion of the FERPA release OR When requested by the third party

I understand the information may be released verbally or in the form of copies of written records. This consent and authorization shall remain in effect until written revocation from me is received by the college.

Student Signature

Date

PLEASE NOTE: If in the future, you wish to rescind your request to release records, you must return to the Registrar's Office and sign below. I hereby rescind my request to release information to the above named individual.

Student Signature: _____ Date: _____