

UNIVERSITY RELEASE OF STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA - 20 USC § 1232G; 34 CFR Part 99) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents/legal guardians certain rights with respect to their children's educational records. These rights transfer to the student when s/he reaches the age of 18 or attends a postsecondary institution. Students to whom the rights have transferred are "eligible students" (Franklin Pierce University defines "attends a postsecondary institution" as the first day of classes of the student's start term).

Under FERPA regulations, Directory Information* is defined as information that may be released without a student's consent. Disclosure of non-directory information, however, requires written permission to release to persons beyond Franklin Pierce University and its agents. For example, students often want to have academic and/or financial information released to their parents or spouses. This form allows you to give the required written permission.

Print Legal Name: _____ Date: _____

Student ID Number: _____ Current Advisor: _____

FERPA Pin: For telephonic disclosure of FERPA protected information, the person named below will be required to authenticate his/her identity by providing a four-digit FERPA PIN number. You, the student, should choose a FERPA pin number and provide it to your third party contact:

Academic Information: by placing names on the lines below you are giving Franklin Pierce University permission to release your Confidential Academic Information to the people listed. If you do not want Confidential Academic Information released to anyone, leave this section blank.

| Name | Relationship | Telephone Number |
|-------|--------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Financial Information: by placing names on the lines below you are giving Franklin Pierce University permission to release your Confidential Financial Information to the people listed. If you do not want Confidential Financial information released to anyone, leave this section blank.

| Name | Relationship | Telephone Number |
|-------|--------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

This consent to the Release of Information is to remain valid until my graduation or withdrawal from the University. I understand that this form may be changed or updated at any time by signing a new form. **Each new form must contain all permissions that I wish to give even if some information has not changed.** Forms are available online via the eRaven Registrar page or in the Office of the Registrar.

Student Signature: _____ Date: _____

***Note: For a list of exceptions and complete policy, please refer to the University Academic Catalog.**