

Family Rights and Privacy Act (FERPA)

The Family Rights and Privacy Act (FERPA) protects the privacy of student education records by prohibiting their disclosure without the student's written consent.

Student Consent for Release of Information

Students may choose to allow the sharing of their educational records to specified third parties (i.e. parent/guardian, family member, counselor, teacher) in a meeting (in person, via phone or email) with a member of the college faculty, staff or administration. Please note that all fields listed below must be completed. The student must bring the form to the RIC employee and sign and date the form in person. Without a signed form, the faculty/staff member or administrator may not share information with the third party in person, by phone or by email.

*This form is primarily for academic-related records and is not used for other departments that may have HIPPA requirements such as Health Services, Counseling Center, Disability Services Center, etc.).

This consent for release of information is a one-time authorization specific to this request only.

DATE:			
STUDENT	INFORMATIO	N	
NAME			ID #:
	First	MI Last	
I give my	consent for	please print first and last name)	to attend this meeting with me
to discuss	(please check all t	hat apply):	
☐ acaden	nic progress	☐ grades/ transcript ☐ adv	vising support services other (specify):
		(i.e. parent, guardian, counse	elor, etc.):
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Department	t/Office Use O	nly	
Name			Title:
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