

Student Name: _____

ID #: _____

CONSENT TO THE RELEASE OF EDUCATIONAL INFORMATION

The **F**amily **E**ducational **R**ights and Privacy Act (**FERPA**) provides procedures for the appropriate consent for the release of **Educational Information** about a student. This form is applicable only to students at or above 18 years of age. Prior to that date, the legal parents or legal guardians do not need to consent to request **Educational Information**. **Educational Information** includes grades, academic progress and deficiencies, attendance, class schedules, financial aid, and student billing. This information will not automatically be released, but is available upon request. More information regarding **FERPA** may be found in the University catalog. The purpose of this form is to make clear to whom the student has given consent to receive **Educational Information**.

I, _____,

(Student name printed here)

grants NO permission to Franciscan University of Steubenville to release confidential Academic Information.

hereby grants permission to Franciscan University of Steubenville to release confidential Academic Information to the following persons:

Name

Relationship

Name

Relationship

Name

Relationship

This Consent to the Release of Academic Information is to remain valid until my graduation or withdrawal from the University unless I have set an alternative date in the following area: (Please check one)

Graduation/Withdrawal

(Expiration Date)

Student Signature

Date

**PLEASE RETURN FORM TO ENROLLMENT SERVICES COUNTER IN
STARVAGGI HALL.**