

AUTHORIZATION TO RELEASE INFORMATION

Student Consent for Education Records to be released to Parent(s), Legal Guardian(s), Other Tuition Provider(s), or Other Indicated Individual(s):

Student Name: _____ Student ID#: _____

Student Email Address: _____

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits Quincy College and its representatives to disclose the information specified below to the following individual(s) or agency(ies) (include name and address):

This consent shall be valid unless or until modified or rescinded in writing to the Office of the Registrar by the student. The parent(s), legal guardian(s), other tuition provider(s), or other indicated individual(s) agree that they shall not disclose the specified information to third parties without the student's authorization.

The following information from my records at Quincy College may be released to the above-specified persons:

- Grades and Academic Standing _____
- Academic Information of Any Kind _____
- Disciplinary Records _____
- Financial Aid Records _____
- Other (please specify) _____
- All Records or Information _____

DO NOT DISCLOSE ANY INFORMATION, INCLUDING DIRECTORY INFORMATION, AS SPECIFIED IN THE COLLEGE'S STUDENT HANDBOOK _____

I have read and understand the contents of this consent form pertaining to the Family Educational Rights and Privacy Act of 1974:

Student Signature: _____ Date: _____