Academic Records FERPA Release Form

The Family Educational Rights and Privacy Act (FERPA) is a federal law designed to protect the privacy of a student's educational records. This act protects your personally identifiable educational information from being distributed to third parties. With limited exception, Holy Apostles College & Seminary must have a signed and notarized acknowledgement from the student before personally identifiable information can be released to a third party (e.g., a spouse, parent, employer, diocese, religious order, etc).

I, _____, willingly give my consent to
PRINT student name here

Holy Apostles College & Seminary to release personally identifiable educational information such as added/dropped classes, class schedules, grades, financial aid, student billing, student identification number, academic progress and deficiencies, transcripts, etc., to the following:

First Name	*Last Name*	*Relationship to Student*
Phone	Email	
First Name	*Last Name*	*Relationship to Student*
Phone	Email	

_____
(If applicable)   *Name of your diocese or religious order, including its city, state, and country*

This consent does not expire, but may be revoked or modified, in writing, by the student at any time. I acknowledge by my signature that by giving this consent I am willingly waiving my rights protected by the Family Educational Rights and Privacy Act (FERPA). I understand that I will be responsible for any courses, tuition, and/or fees accrued for a class in which the above third party(ies) might register me. I also agree to hold Holy Apostles College & Seminary harmless of any damages resulting from the release of this information. (More information can be found in the Course Catalog.)

_____   _____   _____
Student Signature   *Date*   *Social Security or Student ID Number*

Notary Space

FERPA Release must be notarized unless student is present when submitting it to the Office of the Registrar.
A non-US Citizen living internationally may attach a copy of his or her birth certificate in place of notarization.

_____   _____
State of   *County of*

_____   _____
Notary Public   *Date*