



HOLY APOSTLES COLLEGE & SEMINARY

Office of the Registrar

FERPA Release of Records Form

33 Prospect Hill Road · Cromwell, Connecticut 06416 / Tel. (860) 632-3010 · Fax: (860) 632-3030

Academic Records FERPA Release Form

The Family Education Rights and Privacy Act (FERPA) is a Federal Law designed to protect the privacy of a student's education records. The Law applies to all schools that receive funds under an applicable program of the US Department of Education. This act protects your personal information from being distributed to third parties. With limited exception, Holy Apostles College and Seminary must have a signed acknowledgement from you before personal information can be released to a third party (i.e. spouse, parent, employer, etc). If you believe an exception exists because of parental support, for more information about FERPA, please visit: www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

Please complete all items below and return this authorization form to the Office of the Registrar.

I _____ willingly give my consent for the following person:

Last Name, First Name

_____ Relationship to Student

Last Name, First Name

Relationship to Student

To obtain/process the following information from the office of the Registrar:

- checkbox Add/Drop classes
checkbox Student Id #
checkbox Schedule
checkbox Transcripts
checkbox Grades
checkbox All
checkbox Other: _____

Please Specify

I am granting permission for the _____ semester of the current year and am aware that the person requesting and/or processing the information can only do so in person after showing government issued identification within the semester indicated or until I revoke such consent in writing and submit it to the Office of the Registrar.

I acknowledge by my signature that by giving this consent I am willingly waiving my rights protected by the Family Education Rights and Privacy Act (FERPA). I understand that I will be responsible for any courses and/or fees accrued for any classes that the above person/s might register me for. I also agree to hold the Holy Apostles College and Seminary harmless of any damages resulting from the release of this information.

_____ Student Signature Date Social Security or Student ID number

NOTARY SPACE (must be notarized unless student is present when submitting this form to the Office of the Registrar).

_____ State of County of

State of

County of

_____ Notary Public Date

Notary Public

Date

For Office of the Registrar use only:

Processed by: _____ on: _____

Full Name

Date

Signature