HOLY APOSTLES

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

_____ _____
Last Name, First Name *Relationship to Student*

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

☐ Add/Drop classes ☐ Student Id #

☐ Schedule ☐ Transcripts

☐ Grades ☐ All

☐ 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*

_____ _____
Notary Public *Date*

For Office of the Registrar use only:

Processed by: _____ on: _____ _____
Full Name *Date* *Signature*