

STUDENT INFORMATION RELEASE AUTHORIZATION
Student Consent to Disclose to Parents/Guardians and Others

NOTICE OF FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

Annually, Emmanuel College informs students of the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended. This Act, with which the institution intends to comply fully, was designated to protect the privacy of educational records, to establish the right of students to inspect and review their educational records, and to provide guidelines for the correction of inaccurate or misleading data. In accordance with FERPA, the College typically will maintain confidentiality of information contained in your education records, and the College will only release specific records to specific people as authorized by you, by Emmanuel College's policies, and by law. You may grant the College permission to release information about your education records to your parents/guardians by submitting this Authorization. The complete FERPA policy is printed in the Emmanuel College Catalog available at <http://www.ec.edu/academics/coursecatalog>.

DIRECTORY INFORMATION

Emmanuel College designates the following items as Directory Information and may release, without consent, a student's name, campus addresses, grade classification, photographs, home address, date of birth, local telephone number, rosters and results of athletic teams (including height and weight of student athletes), academic achievements, acknowledgment of participation in music and drama events, participation in graduation, achievements in campus organizations, courses of study (majors, minors, etc.), dates of attendance, enrollment status (full or part-time), email addresses, class rosters, class schedules, advisor, and graduation date, along with other similar information. **Emmanuel College may disclose any of these items without prior consent or notice, unless you deliver written notice to the Office of the Registrar to exclude your Directory Information by the end of the drop-add period each semester.**

AUTHORIZATION TO DISCLOSE INFORMATION TO PARENTS/GUARDIAN

In compliance with the federal *Family Educational Rights and Privacy Act (FERPA) of 1974* and the College's policies on access to and release of student education records, the College typically will maintain confidentiality over information contained in your student records. The restriction includes, but is not limited, to your parents/guardians, other students, and third parties. However, you may, at your discretion, grant the College permission to release information about your student records by submitting a Student Information Release Authorization.

Your authorization to release information will expire upon your graduation. You may revoke your authorization at any time by sending a written request to the Office of the Registrar. For the designee(s) you name on this form, this release overrides any exclusion of directory information that you may have set up in your student record. This Authorization supersedes any earlier FERPA Authorization that you executed.

A. Student Issuing Student Information Release Authorization

Name (Last)	(First)	(Middle Initial)	Date of Birth
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B. Records and Information Authorized to be Released

By signing below, you consent that your parent/guardian or other designated recipients as specified below may receive from the College the following information unless you specifically exclude it in Section C. below:

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|---------------------|------------------------|---------------------------------|-------------------------------|
| • Academic Records | • Medical Records | • Athlete Information | • Health & Injury Information |
| • Financial Records | • Disciplinary Records | • Athletic Disciplinary Records | • Other Education Records |

C. Recipients and Exclusions

The recipients initialed and listed below will be authorized by this STUDENT INFORMATION RELEASE AUTHORIZATION to receive from the College without further consent or notice the records and information specified in Section B. above unless specifically excluded below:

Student's Initials	Name(s) of Student's Parents/Legal Guardians	Email Address	Phone No.
Mailing Address/P O Box			
Records and Information Excluded from this authorization for this Recipient			

Student's Initials	Name(s) of Other Designated Recipient(s)	Email Address	Phone No.	Relationship to Student
Records and Information Excluded from this authorization for this Recipient				

E. Certification

I understand that this authorization will remain in effect until I graduate or otherwise terminate my enrollment at Emmanuel College unless I submit a written revocation to the Registrar's Office.

Signature of Student	Date
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SUBMIT THIS FORM TO THE REGISTRAR'S OFFICE FOR RECORDING.