



# BRYN ATHYN COLLEGE

## AUTHORIZATION TO RELEASE INFORMATION - FERPA

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

**Student's Name:** \_\_\_\_\_

*PLEASE READ: In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I authorize the following representatives at Bryn Athyn College to disclose the information specified below to the following individual(s) or agency(ies): By signing, I have read and understand the contents of this consent form pertaining to the Family Educational Rights Act.*

**Bryn Athyn College individuals who may discuss my records (ex. Advisor, Dean, etc):**

Name/position:

Name/position:

\_\_\_\_\_

\_\_\_\_\_

**Information may be released to (parent, guardian, etc):**

Name: \_\_\_\_\_

Relationship:

\_\_\_\_\_

Name: \_\_\_\_\_

Relationship:

\_\_\_\_\_

**Information to be released:**

Grades / transcript information

Discipline Records

All information in my academic student file

ODR related information

Other, please specify:

\_\_\_\_\_

**All information listed above will expire once a student is no longer enrolled at Bryn Athyn College unless an alternate date is provided: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

\_\_\_\_\_  
**(Signature of student)**

\_\_\_\_\_  
**(Date)**