



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:	
<input type="checkbox"/> Grades / transcript information	<input type="checkbox"/> Discipline Records
<input type="checkbox"/> All information in my academic student file	<input type="checkbox"/> ODR related information
<input type="checkbox"/> Mail a copy of my transcript to my parent(s) at the end of each term (must provide correct address to Registrar's Office)	<input type="checkbox"/> Other, please specify: _____

This form will expire upon a student's graduation, unless a previous date is provided: _____

(Signature of student)

(Date)