



Student Consent to Release Education Records

ID #	Student Name (please print)	Type (check one)	Effective Date
		<input type="checkbox"/> New <input type="checkbox"/> Amend <input type="checkbox"/> Cancel	

The Family Education Rights and Privacy Act of 1974, as amended, prohibits postsecondary educational institutions from disclosing the education records of students to most third parties without the students' written consent. The only exception made for the parents of postsecondary students is if the student is a dependent as defined by the Internal Revenue Service code. Accordingly, Elms College provides student education records to parents only if: 1) The student consents or, 2) The parent demonstrates the student's dependency by providing a copy of one parent's federal income tax return for the current year.

This form is for the use of students who wish to voluntarily consent to the release of their education records to the individuals listed below. Undergraduate and Graduate students who wish to provide such consent should complete this form and bring or send it to the office of the college registrar.

I HEREWITH CONSENT TO THE RELEASE OF MY EDUCATION RECORDS TO:

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

The records the above mentioned individual(s) may access are: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Academic Records | <input type="checkbox"/> Financial Aid Records |
| <input type="checkbox"/> Admission Records/School of Graduate and Professional Studies | <input type="checkbox"/> Student Account Records |
| | <input type="checkbox"/> Student Affairs / Disciplinary |

I UNDERSTAND THAT:

1. This consent will remain effective until I rescind it in writing.
2. Any education record will be released to either parent, upon request, by United States mail at the address that I have specified as an address of my parent, or in person provided that the individual making the request positively identifies him/herself as an individual by my records as a parent, step-parent or guardian.
3. With respect to my parents, this consent overrides any order I have filed for the non-disclosure of directory information.
4. I am not required by law or college policy to give this consent. This consent is voluntary.

Student Signature _____ Date _____

A student who wishes to restrict the release of directory information contained in their Elms College educational records, may request the form "Student Request Not To Release Directory Information" from the Registrar's Office.

For Office Use Only

Registrar
 Financial Aid
 Student Accounts
 Dean of Student
 School of Graduate and Professional Studies