



**Student Accommodations and Support Services (SASS)**  
**Authorization to Release SASS Related Information to Third Party**

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

The office of Student Accommodations and Support Services (SASS) at Elms College adheres to FERPA rather than the Health Insurance Portability and Accountability Act (HIPAA), as SASS is a department within an educational institution.

In order for SASS personnel to be able to discuss disability and accommodation related information about a student to a third-party (including parent(s) and legal guardian(s), **the student must personally complete the following information in addition to completing the Elms College FERPA Consent Form (website below).**

Website: <https://www.elms.edu/academics/academic-resources/registrar/>

Student Information

First and Last Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Type of Authorization

This authorization request is (please check one):

- New
- Amend/Update
- Cancel/Rescind

Third-Party Information

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

Relationship: \_\_\_\_\_

Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_

Valid Authorization Dates

I, the student, understand this signed authorization is in effect from the date below until I am no longer an Active student at Elms College, unless I specified an End Date. To retract or update this authorization I understand it is my responsibility, as the student, to submit an updated form to SASS.

Beginning Date: \_\_\_\_\_

End Date (if applicable): \_\_\_\_\_

Additional Comments

Authorization

Student Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**Once complete, please return this form directly to SASS via one of the following methods.**

Secured E-Fax: 413-474-7188

Scan/Email: sass@elms.edu

Physical Mailing Address:

Elms College, ATTN: SASS, 291 Springfield Street, Chicopee, MA. 01013