



CONSENT TO RELEASE EDUCATION RECORDS

The Family Educational Rights and Privacy Act of 1974 (FERPA) prohibits the disclosure of information contained in your educational records to a third party, unless you provide written consent. You must complete a separate form for each third party to whom you grant access.

Section A – Student Information	
Name (last, first, middle initial) – PRINT	Student ID Number
	Date of Birth
	Daytime Phone Number
Section B – Third Party Information (Who Will Receive Records)	
Name (last, first, middle initial) – PRINT	Relationship to Student
Home / Business Address (street, apartment number, city, state, zip code)	Daytime Phone Number
Section C – Student Certification	
<p>I, _____, give consent to _____ (employee name or administrative office of John Carroll University) to provide education records and information about me to the third party listed in Section B above.</p> <p>The purpose of the consent is to provide those authorized above with access to my education records. For this purpose, I consent to the oral or written disclosure of the following:</p> <p><input type="checkbox"/> all records contained in my transcripts and other education records (GPA, grades, accomplishments, academic and student conduct records etc.)</p> <p><input type="checkbox"/> academic records only <input type="checkbox"/> financial aid/student account information</p> <p><input type="checkbox"/> student conduct records</p> <p><input type="checkbox"/> other: _____</p> <p>If letters of recommendation are requested from the above employee/administrative office, I</p> <p><input type="checkbox"/> waive my access to such letters of recommendation; or</p> <p><input type="checkbox"/> reserve the right to review such letters of recommendation.</p> <p>I understand that if I so request, I may receive copies of any records disclosed except for records, such as confidential letters of recommendation, to which I have waived my access.</p> <p>This consent is granted for the period identified below:</p> <p><input type="checkbox"/> one-time disclosure, <input type="checkbox"/> for a period of _____, <input type="checkbox"/> for an indefinite period of time</p> <p><input type="checkbox"/> other _____</p> <p>I understand that I may revoke this consent at any time, by submitting a written revocation.</p> <p>Signature: _____ Date: _____</p>	