



Milwaukee, Wisconsin

## 2017-2018 FERPA Consent to Release Student Information

The Family Educational Rights and Privacy Act (FERPA) provides that an educational institution may not release confidential information about a student without the consent of the student. If you wish to waive a portion of this right, please complete this form. This form is effective for this academic year only.

Provide information from the educational records of \_\_\_\_\_  
(Student name and Mount Mary ID#)  
to \_\_\_\_\_  
(Name of party or individual to whom information can be released)

The student's relationship to the requestor is as follows:

- Parent
- Guardian
- Legal Counsel
- Scholarship Grantor
- Other (please specify) \_\_\_\_\_

**NOTE: THIS CONSENT DOES NOT COVER MEDICAL RECORDS HELD SOLELY BY THE COUNSELING CENTER. YOU MUST CONTACT THE COUNSELING CENTER FOR THEIR CONSENT TO RELEASE INFORMATION FORM.**

The type of information that is to be released under this consent is (please mark any that apply):

- Transcript
- Academic progress/advising
- Academic disciplinary records
- Non-academic disciplinary records
- Student employment contract
- Financial Aid award letter (scholarships, grants, loans)
- Business office account/billing records
- All records
- Other (please specify) \_\_\_\_\_

The information is to be released for the following purpose:

- Family communication
- Employment
- Admission to an educational institution
- Scholarship application
- Other (please specify) \_\_\_\_\_

I understand the information may be released orally or in the form of copies of written records, as preferred by the requestor. I have a right to inspect any written records released pursuant to this consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights.) I understand that this consent is in effect immediately and that I may revoke this consent in writing at any time to the Mount Mary University Registrar's Office.

Student Name: (please print) \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
A typed signature will be accepted for those sending in this form via email.

Your completed form can be emailed to [Registrar](#) or submitted in person to the Mount Mary University Registrar's Office, Room 153, Notre Dame Hall, 2900 N. Menomonee River Parkway, Milwaukee, Wisconsin 53222-4597.