



2020-2021 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. Please note that the University may release information to the parents of students who are dependents for tax reasons. If you wish to waive a portion of this right, please complete this form. This form is effective for the duration of your time at Mount Mary University.

Provide information from the educational records of _____
(Student name and Mount Mary ID#)

(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
- Coast-to-Coast Athletic Conference (C2C), Northern Athletic Collegiate Conference (NACC), and the NCAA
- 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
- Athletics
- All records
- Other (please specify) _____

The information is to be released for the following purpose:

- Family communication
- Employment
- Athletics
- Admission to an educational institution
- Scholarship application
- Athletics
- 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 students sending in this form via student's MMU email.

Your completed form can be emailed to [Registrar](mailto:mmu-registrar@mtmary.edu) (mmu-registrar@mtmary.edu)