



FERPA CONSENT TO RELEASE STUDENT INFORMATION

I, _____, give consent to the Southeast Missouri Hospital College of Nursing and Health Sciences to release records and other information covered by the Family Rights and Privacy Act of 1974 (FERPA). I understand that by signing this form my records and information can be released without my knowledge to the individual or company listed below.

Individual or company authorized to receive information: _____

Individual or company's relationship to the student: _____

The type of information that is to be released under this consent is:

- transcript
- current and future class schedules
- disciplinary records
- financial aid and billing information
- recommendations for employment or admission to other schools
- all records
- other (specify) _____

The information is to be released for the following purpose:

- family communications about university experience
- scholarships/financial assistance
- employment
- admission to an educational institution
- other (specify) _____

I authorize release of information with this password _____

This consent will expire _____
specific date, end of specific semester, when no longer enrolled, etc.

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. 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 I may revoke this Consent upon providing written notice to the Registrar. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided until the expiration date listed above.

Name (print) _____

Date of Birth _____

Signature _____

Date _____

For office use only

scanned & noted in Sonis

notify Program Director/Dean/staff