



Student Consent for Release of Non-Directory Records

FERPA (the Family Educational Rights and Privacy Act) is a federal statute that prevents Ross University School of Medicine from providing student record information to anyone but the student without the student's written authorization.

A. Student Information

Student Name (Printed)

Student ID Number

B. Third-Party Information

I authorize the release of my records to the following person(s):

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Email:	Email:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Relationship:	Relationship:

C. Information to be Released

Check the type of information you authorize for release to the parties in Section B.

☐ Financial Aid ☐ Grades ☐ Attendance ☐ Disciplinary Action ☐ All Non-Directory Information

D. Certification Statement

Sign and date if providing initial authorization:

I, the undersigned, do hereby waive my rights under the Family Educational Rights and Privacy Act, and authorize Ross University School of Medicine to disclose information regarding my enrollment, account and/or debt information to the third party(ies) listed in Section B. This authorization is effective immediately and will remain in place until rescinded. Authorization may be rescinded at any time by submitting a copy of this form with section E completed. Please make a copy of the completed form for your records.

Student Signature

Date

E. Rescinding Authorization

Sign and date if rescinding authorization:

I, the undersigned, rescind the prior authorization given to the third parties listed in Section B and described in Section C, effective immediately.

Student Name (printed)

Student Signature

Date