

LaGrange College
FERPA Consent Form to Release Student Information
Return to the Financial Aid Office, 2nd Floor, Banks Hall

The Family Education Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student educational records. FERPA prohibits the release of your educational records, both financial and academic, to third parties without your written consent, subject to the exceptions specified under FERPA. A parent does not have the automatic right to view your student records without your expressed written consent, unless the parent can provide proof that you are still their dependent under Internal Revenue Tax Code. You may waive FERPA and allow access to your educational records, including academic records, account/billing information, and/or financial aid records, to be designated third parties (e.g. parents, guardian, spouse, etc.) of your choosing by submitting this FERPA Consent Form to the Financial Aid Office. This privacy release will remain in effect for the duration of your enrollment at LaGrange College. If at a later date, you wish to change the names of the individuals to whom your educational records may be released, you may do so by visiting the Financial Aid Office.

Student's Name: _____

ID#: L _____

In the table below, please identify those persons you wish to have access to your educational records. In order to provide information over the telephone to the designee, we must be able to verify their identity. This can be achieved by designating an alphanumeric access code and a hint that will help the designee remember the access code if it is forgotten. Make sure to provide an access code and hint for each person. Indicate with an X to which types(s) of records they may access.

	Name	Relationship	Password Or PIN	Hint	Academic Records	Accounting (billings)	Financial Aid Records
Ex.	John Smith	Father	Maya	Cat's name	X	X	X
1.							
2.							
3.							
4.							

I understand the information may be released verbally 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 at any time.

Student's Signature: _____

Date: _____