

FERPA - STUDENT AUTHORIZATION RELEASE FORM

POLICY:

Per the federal Family Education Rights and Privacy Act (FERPA), the written authorization of a student who is over 18 years of age is required to disclose the student's non-directory information to any third party. Third parties are entities other than the custodian of record and the student. Without the student's written consent, the institution cannot disclose student information. If a student wishes to disclose non-directory information to an individual, please complete this form.

INSTRUCTIONS:

1. Clearly indicate to whom you want to release the information, the type of information can be released, and the length of time.
2. Complete this form and submit to the Office of the Registrar:

Email: TCSPPreistrar@thechicagoschool.edu or Fax: 312.757.7013

STUDENT NAME: _____ **STUDENT ID#:** _____

TCSP E-MAIL: _____ **PHONE#:** _____ **LOCATION:** _____

TERM/SEMESER & YEAR: _____ **DEGREE LEVEL:** _____ **PROGRAM:** _____

In accordance with regulations contained within the Family Educational Rights and Privacy Act (FERPA), TCSP will disclose to designated parties information from the educational records of a student, provided the institution has on file written consent by the student.

I, _____, freely and voluntarily consent to the release of information from my educational records. In giving permission to **The Chicago School of Professional Psychology** to make such disclosure(s), I also state as follows:

1. **Name of Party to Whom Disclosure May Be Made** (please print):

2. **Address of Party or Parties to Whom Disclosure May Be Made** (please print):

Address: _____

City: _____ State/Zip: _____

Phone: _____ **Length of Time Record(s) Can Be Released:** Program of Study Other: _____

3. **Purpose of Disclose** (please print):

4. Information from the following offices can be shared:

Academic Records including grades Financial Aid Student Accounts International Student Account

Other (please specify): _____

This release does not permit the disclosure of these records to any other persons or entities without my written consent unless specifically allowed for within FERPA regulations. I understand it is my responsibility to revoke this authorization at any time.

STUDENT SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

Received by:	Date:	Document in CampusVue: <input type="checkbox"/>
Registrar Signature:		Date: