OFFICE OF ACCOMMODATIONS

FERPA Form

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their privacy of educational records. By signing this form, and checking the appropriate boxes, you will be authorizing the appropriate department(s) to disclose your student information to the person(s) you indicate. This form states that ONLY those persons listed (usually parents, guardians, or spouses) have permission to review your information. In addition, anyone seeking information will be asked to provide the passcode associated with your file before any information will be communicated.

STUDENT NAME

STUDENT DATE OF BIRTH

☐ Cleary University is hereby authorized to disclose my student information in the following areas without my further consent and until further notice:

CHECK EACH AREA YOU WISH TO MAKE AVAILABLE

☐ Financial Aid ☐ Grade Reports

☐ Billing – *to the person(s) listed:*

☐ I signify that I do not wish any individuals to have access to my information.

☐ Please revoke all access.

NAME	NAME	NAME
RELATIONSHIP TO STUDENT	RELATIONSHIP TO STUDENT	RELATIONSHIP TO STUDENT
PHONE NUMBER	PHONE NUMBER	PHONE NUMBER
EMAIL ADDRESS	EMAIL ADDRESS	EMAIL ADDRESS
EXPIRATION DATE OF FERPA One year or anticipated date of graduation	EXPIRATION DATE OF FERPA One year or anticipated date of graduation	EXPIRATION DATE OF FERPA One year or anticipated date of graduation

Please assign the following three digit passcode to my account:

☐ ☐ ☐

I understand anyone (including me) seeking to discuss my records will be asked to identify themselves through use of this passcode and agree that anyone without the passcode will not be given access to my information.

STUDENT SIGNATURE

TODAY'S DATE

This authorization shall be conceded as a waiver of any and all my rights and/or privileges as provided under the family education rights and privacy act (FERPA), as amended. A photocopy of this authorization shall be considered as valid as the originally signed document. By signing this form and indicating the appropriate individuals, you authorize the University to disclose your student information to the person(s) you designate.

ALL FORM SUBMISSIONS SHOULD BE SENT TO FINAID@CLEARY.EDU

REV 072026