

FERPA



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 circles, 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.

NAME _____

STUDENT'S DATE OF BIRTH _____

- I SIGNIFY THAT I DO NOT WISH ANY INDIVIDUALS TO HAVE ACCESS TO MY INFORMATION OR
 CLEARY UNIVERSITY IS HEREBY AUTHORIZED TO DISCLOSE MY STUDENT INFORMATION IN THE FOLLOWING AREAS WITHOUT MY FURTHER CONSENT AND UNTIL FURTHER NOTICE:

(CHECK THE CIRCLE FOR EACH AREA YOU WISH TO MAKE AVAILABLE)

- FINANCIAL AID GRADE REPORTS BILLING - TO THE FOLLOWING PERSON(S):

NAME		
RELATIONSHIP TO STUDENT		
PHONE NUMBER		
EMAIL ADDRESS		
EXPIRATION DATE OF FERPA (Recommend 1 year or Anticipated Grad Date)		

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: _____ **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**

800.686.1883 **CLEARY.EDU**

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