CLARENDON COLLEGE

FERPA RELEASE / AUTHORIZATION TO DISCLOSE EDUCATION RECORDS

The Family Educational Rights and Privacy Act (FERPA) generally protects the privacy of student education records. By completing this form, you authorize Clarendon College to discuss and disclose your education record information to the person(s) identified below. This is an all-or-none authorization and is voluntary.

1. STUDENT INFORMATION

Student Full Name

Student ID

Date of Birth (MM/DD/YYYY)

Phone Number

Student Email

2. PERSON(S) AUTHORIZED TO RECEIVE INFORMATION

Authorized Person #1 - Full Name

Relationship to Student

Authorized Person #2 - Full Name (optional)

Relationship to Student

3. SECURITY QUESTIONS FOR IDENTITY VERIFICATION

Provide security questions and answers that Clarendon College may use to verify the identity of an authorized person. Do not use passwords, PINs, Social Security numbers, or other highly sensitive account credentials.

Security Question #1

Answer

Security Question #2

Answer

4. STUDENT AUTHORIZATION

I authorize Clarendon College to discuss and disclose my education record information with the person(s) identified above. I understand that this authorization applies to my education records as a whole and is not limited to selected categories. This may include, as applicable, academic records, enrollment and registration information, grades, student account and billing information, financial aid information, and other information contained in my education records that the College is permitted to disclose under applicable law.

I understand that this authorization remains in effect until I revoke it in writing. Revocation will not affect disclosures already made in reliance on this authorization. This authorization does not give an authorized person the right to act on my behalf, make enrollment changes, sign documents for me, or otherwise exercise rights that belong to me as the student.

Student Signature (type full legal name)

Date