



MERRIMACK COLLEGE

Family Educational Rights and Privacy Act ("FERPA") Student Consent Form

In compliance with the Family Educational Rights and Privacy Act of 1974 certain information from your student record will not be disclosed to a third party without your consent. This nondisclosure extends to information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor. However, federal regulations do not require a student's prior consent before disclosing otherwise protected educational records in statutorily circumstances or when such disclosure is permitted under certain exceptions to FERPA set forth in Section 99.31 of the FERPA regulations.

You may, at your discretion, grant the College permission to release information about your student records to a third party by submitting a completed Student Consent Form to Release Education Records authorization. You must complete a separate form for each third party to whom you grant access to information contained within your student records. The specified information will be made available only if requested by the authorized third party. The College does not automatically send information to a third party.

Submit your completed Student Consent Form to the Registrar's Office in person. Please note that your authorization to release information has *no expiration date*: however, you may revoke your authorization at any time by sending a written request to the Registrar's Office. **NOTE:** for the third party designee you name on this form, this release overrides all FERPA directory information non-disclosure holds you have placed on your records. Social Security data is used only for authentication on this form.

SECTION A. Student Information

Name (last, first, middle initial) _____ Last four digits of Social Security Number or Date of Birth _____ Student ID Number _____

Current mailing address _____ Phone Number _____

SECTION B. Third party designee

Name (last, first, middle initial) _____ Last four digits of Social Security Number or Date of Birth _____ Phone number _____

Relation to student _____ E-mail address _____

Please initial one or more of the lines below to grant authorization to different types of information:

- Bursar Office: all financial records for the purpose of assisting you with the financing of your education
- Registrar's Office: Grades/GPA, demographic, registration, student ID number, academic progress status, enrollment information, access to academic records
- Financial Aid Office: FAFSA application data, financial aid disbursement, eligibility, financial aid Satisfactory Academic Progress status
- Other (be very specific) _____

SECTION C. Certification

I authorize the above third party, named in Section B, to access the above indicated student record and/or account information. This authorization does not permit the third party to make any changes.

Student's signature _____ Date _____

SECTION D. Do not publish Directory Information

I wish to restrict the release of any and all Directory Information, which includes name, ID-card picture, mailing address, email address, telephone number, date of birth, major, class year, dates of attendance, enrollment status, degrees and awards received.

Student's signature _____ Date _____