

STUDENT INFORMATION RELEASE AUTHORIZATION

Family Educational Rights and Privacy Act (FERPA)

STUDENT NAME _____	LAST	FIRST	MI	STUDENT ID NO. _____
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For complete FERPA information see the US Department of Education Website:
<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/students.html>

In compliance with the Federal Family Education Rights and Privacy Act of 1974 as amended (FERPA) the Franciscan School of Theology (FST) is prohibited from providing certain information from your student records to a third party, such as grades, GPA, tuition and financial aid information (including scholarships, grants, work-study, or loan amounts). This restriction applies, but is not limited to, your parents, your spouse, or a sponsor.

Under the provisions of FERPA, school officials may, however, release **directory information** at their discretion without prior consent of the student. At FST directory information includes: Student's name, FST e-mail address, dates of attendance, participation in officially recognized activities, degrees, honors and awards, and photograph.

To withhold disclosure of student directory information:

The student has the right to withhold disclosure of all information, including directory information and may do so by completing the Request to Restrict Directory Information form available from the FST registrar. This restriction must be filed annually. Note that if your directory information is restricted, potential employers, scholarship committees, and the like will be denied your directory information and will be informed that we have no information available about your attendance at FST.

To give permission to release student record information to a third party such as parent, spouse, or sponsor:

Students may grant FST permission to release information about their student records to a third party (such as a parent or spouse) by submitting a completed Student Information Release Authorization. You must complete a separate entry for each person to whom you wish to grant access to information regarding your student records.

The specified information will be made available only if requested by the authorized third party; that person must be able to provide FST with the appropriate identifying information when requested. FST policy prohibits the release of certain aspects of student records (e.g., registration, grades, GPA) over the phone or via e-mail.

Complete one box on the following form for each individual to whom you would like to grant access to your FST student record(s) and submit to FST's Office of the Registrar. By submitting this form you agree that information pertaining to each category you select can and will be shared on request with the individual indicated. In order to be considered valid, you must read the information listed above, and acknowledge your acceptance of the terms via signature below. 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 same address.

This release overrides all FERPA directory suppression information that you have set up in your student record for any third party designee you name on this form; it also overrides any previous authorization requested.

My signature below verifies that I have read and understand the FERPA regulations as presented above. I agree to the information release terms as stated.		
_____	_____	_____
STUDENT SIGNATURE	DATE	STUDENT ID NO.

Address questions to the Office of the Registrar



AUTHORIZATION TO RELEASE STUDENT INFORMATION TO THIRD PARTY		
THIRD PARTY		
LAST NAME _____ FIRST NAME _____ MI _____		
RELATIONSHIP TO STUDENT _____		
SOC SEC # (LAST FOUR DIGITS ONLY) _____ BIRTHDATE (MM/DD/YYYY) _____		
STREET ADDRESS _____		
CITY _____ STATE _____ ZIP _____		
EMAIL _____		
<input type="checkbox"/> Academic Information including Grades/GPA, demographics, registration, student ID number, academic progress status, and/or enrollment information <input type="checkbox"/> Student account and financial aid information, including awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress status <input type="checkbox"/> Other (Please specify) _____		
By signing below I authorize the Franciscan School of Theology and the University of San Diego Financial Aid Department to release the information indicated to the third party/ies listed above.		
_____	_____	_____
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AUTHORIZATION TO RELEASE STUDENT INFORMATION TO THIRD PARTY		
THIRD PARTY		
LAST NAME _____ FIRST NAME _____ MI _____		
RELATIONSHIP TO STUDENT _____		
SOC SEC # (LAST FOUR DIGITS ONLY) _____ BIRTHDATE (MM/DD/YYYY) _____		
STREET ADDRESS _____		
CITY _____ STATE _____ ZIP _____		
EMAIL _____		
<input type="checkbox"/> Academic Information including Grades/GPA, demographics, registration, student ID number, academic progress status, and/or enrollment information <input type="checkbox"/> Student account and financial aid information, including awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress status <input type="checkbox"/> Other (Please specify) _____		
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