



**FERPA: STUDENT CONSENT TO RELEASE INFORMATION**

In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974, as Amended, the University of New England will not release student grades, schedules, financial aid, or billing information to parents, spouses, or others, unless written permission is given by the student.

Student's Name: \_\_\_\_\_  
(please print)

PRN: 910 Student's Date of Birth: \_\_\_\_\_

**I. Education records to be released (check all that apply) \*:**

Academic Information (grades/GPA, registration, student ID number, schedules, academic progress, enrollment status, credits)

Financial Aid & Student Account Information (awards, application data, disbursements, eligibility, financial aid, academic progress status, billing statements, charges, payments, past due amounts, collection activities)

**\*We will not release copies of the student's record to anyone without a signed Transcript Request Form from the student. We will not change a student's information (address, phone, etc.) for anyone other than the student. This authorization does not grant access to the student's U-Online information and does not give access to TouchNet. Under no circumstances does this release apply to medical information.**

**II. Person(s) to whom you wish to grant access to your records:**

Name: \_\_\_\_\_ \*Last 4 digits of SSN \_\_\_\_ Relationship: \_\_\_\_\_

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\*This information will only be used for identification purposes

**III. Purpose of the Release:**  Family Communication  Other (specify): \_\_\_\_\_

**IV. Duration of the Release: This authorization will remain in effect until it is revoked in writing. Consent may be revoked at any time by completing and delivering the FERPA Revoke Student Consent to Release Information form to the University Registrar or Student Financial Services Office.**

I understand that I have the right to not consent to the release of my education records. By signing below, I authorize the appropriate offices or personnel at the University of New England to release information regarding my education records. THIS FORM MUST BE SIGNED AND SUBMITTED BY THE STUDENT, IN PERSON, WITH A PHOTO ID.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(font signature not accepted)