

Consent to Release Student Information Form

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The New Lines Institute has adopted policies and procedures that permit students the opportunity to release their educational records upon request. Disclosure of a student's confidential records requires prior written consent of the student. Please submit this form to Registrar's Office.

Name (First, Middle, Last) Student ID Date of Birth
I,

hereby authorize the New Lines Institute to release the following information about me:

☐ All academic records (admission, attendance, registration/enrollment, grades, GPA, academic standing, graduation/degree) ☐ All accounting information

OR only these specific items (check individual items):

ACADEMIC:

☐ Admission ☐ Attendance ☐ Registration/Enrollment ☐ Academic Standing
☐ Grades ☐ GPA ☐ Graduation/Degree ☐ Other

To the following individual (s) upon their request:

Print Name Relationship to Student

Address

Print Name Relationship to Student

Address

Duration of Release (please check one)

☐ Use until I complete a new release ☐ One time use: This release can only be used once

Purpose of Release

☐ Family Communication ☐ Admission to an Educational Institution ☐ Employment
☐ Other (please specify)

I understand that this information is considered a student education record. Further, I understand that by signing this release, I am waiving my right to keep this information confidential under the Family Educational Rights and Privacy Act (FERPA). I certify that my consent for disclosure of this information is entirely voluntary. I understand this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information release under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to complete and file a new form. **The authorization on this form will supersede all prior authorizations for release of my information.**

☐ I wish to revoke all consent for release of information.

Student's Signature Date

For office use only

Date Received By Date Processed By