



FERPA CONSENT TO RELEASE STUDENT INFORMATION

Rhode Island College Records Office

The Family Rights and Privacy Act (FERPA) protects the privacy of student education records by prohibiting their disclosure without the student's written consent.

Students may choose to allow the sharing of their educational records to specified third parties (i.e. parent/guardian, family member, counselor, teacher) in a meeting (in person, via phone or email) with a member of the college faculty, staff or administration.

Please note that all fields listed below must be completed. Without a signed form, the faculty/staff member or administrator may not share information with the third party in person, by phone or by email.

**This form is primarily for academic-related records and is not used for other departments that may have HIPPA requirements such as Health Services, Counseling Center, Disability Services Center, etc.). This consent for release of information is a one-time authorization specific to this request only.*

Full Name :

Student ID# :
(or Date of Birth)

I give consent for _____ to attend this meeting with me and/or discuss the following information:

- Academic Progress
- Grades and/or Transcripts
- Advising
- Support Services
- Other (please specify) _____

Relationship to Student: _____

Student's Signature

Date

Department/Office Use Only

Name:

Title:

Department:

Date: