



## Office of Financial Aid FERPA Consent Form

It is the policy of Calumet College of St. Joseph, in accordance with the Family Education Rights and Privacy Act (FERPA), to withhold personally identifiable information contained in our students' educational records unless the student has consented to disclosure. Private information, such as grades, class schedules, the student's account, and financial aid awards may not be released without express consent from the student.

Signing this form provides such consent, according to the information designated for release and to whom it is to be released.

I, \_\_\_\_\_, Student ID Number \_\_\_\_\_, authorize Calumet College of St. Joseph to release the following educational records, upon request, to the persons listed below, for the purpose of keeping them informed regarding my education at Calumet College of St. Joseph.

Please initial all that apply:

\_\_\_\_\_ All financial records in the Business Office \_\_\_\_\_ Other

\_\_\_\_\_ All Financial Aid information

\_\_\_\_\_ All academic records in the Registrar

\_\_\_\_\_ All medical/disability documents in Student Support Services

Persons to whom information can be released (*please print clearly*):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I acknowledge by my signature that I understand that, although I am not required to release my records, I am giving my consent to release the designated information to the above named person(s). I understand that this release will remain in effect unless I revoke such consent in writing and the revocation is received and processed by Calumet College of St. Joseph.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date