

FERPA CONSENT TO RELEASE STUDENT INFORMATION

STUDENT CONSENT FOR EDUCATION RECORDS TO BE RELEASED TO PARENT(S),
LEGAL GUARDIAN(S), OTHER TUITION PROVIDER(S), OR OTHER INDICATED
INDIVIDUALS

Student's Name: _____
Please enter full name as it appears on passport

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits the Center for English Language Programs to disclose the information specified below to the following individual(s) or agency(ies):

Name: _____

Name: _____

Name: _____

This consent shall be valid throughout the student's enrollment at the Center for English Language Programs and thereafter, but may be modified or rescinded in writing by the student. The parent(s), legal guardian(s), tuition provider(s), or other indicated individual(s) agree that they shall not disclose the specified information to third parties without the student's authorization.

INFORMATION TO BE RELEASED:

The following information from my records at the Center for English Language Programs may be released to the above specified person(s):

Please check all that apply:

Grades and academic standing

Academic Information

Discipline records

Tuition and fee status

Other, please SPECIFY: _____

All records or information

I have read and understand the contents of this consent form pertaining to the Family Educational Rights and Privacy Act of 1974.

Student's Signature: _____

Date: _____