

AUTHORIZATION TO RELEASE

STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 protects most student information from release by the College. Please see your Student Handbook or Catalog for additional information about FERPA.

In most cases, we must have your written permission to disclose non-directory information about you to a third party. This means we must have your permission to discuss your financial aid or account balance with a parent, your grades with a spouse or prospective employer, or other non-directory information with any third party.

As a student, you may complete this form to grant NewSchool the right to release your information to specific third parties (such as parents, spouses, and/or sponsors).

TO WHOM IT MAY CONCERN:

I, _____, (Student ID #) _____, hereby authorize NewSchool of Art & Design to release and/or orally discuss the education records described below about me to:

Name _____ Relationship _____ SS# _____
Last 4 digits

Name _____ Relationship _____ SS# _____
Last 4 digits

Name _____ Relationship _____ SS# _____
Last 4 digits

Name _____ Relationship _____ SS# _____
Last 4 digits

*Authorized individuals will be required to give the **last four digits of their Social Security Number** each time they call NewSchool to receive any information. This is to protect the student's confidential information.*

I authorize NewSchool to release **ALL** information to the above parties unless otherwise noted:

Please specify: _____

The above information will be released with my **FULL CONSENT**. I understand that this authorization remains in effect from today through my graduation or my withdrawal from NewSchool. I understand that this information may not be further disseminated. I also understand that I can submit a written request to cancel my authorization at any time.

Student Signature: _____ Date: _____