

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 the current NewSchool of Architecture & Design Academic 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).

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

Name _____ Relation _____ 4-digit PIN _____

Email _____ Tel. # _____

Name _____ Relation _____ 4-digit PIN _____

Email _____ Tel. # _____

Name _____ Relation _____ 4-digit PIN _____

Email _____ Tel. # _____

Authorized individuals will be required to give the **4-digit PIN** they created each time they call NewSchool to receive any information. This is to protect the student's confidential information.

I authorize NewSchool to release the following information to the above parties unless otherwise noted below. Please mark all that apply:

☐ All educational records information, including all categories listed below. ☐ Only the items marked below

☐ Attendance

☐ Financial Aid

☐ Grades

☐ Holds

☐ Schedule

☐ Status

☐ Student Accounts (Financial)

☐ I revoke the authorization of NewSchool to release Non-Directory information to the parties listed above.

The above information will be released with my **full consent**. I understand that this authorization is effective on the date signed. FERPA rights expire when the student is deceased. At this point, NewSchool, at its discretion, will release records only to the next of kin (documentation must be provided and confirmed by the Institution) or to a legally appointed executor of the student's estate. 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 _____