



**FERPA INFORMATION RELEASE FORM**

**THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974**

This act affords the student certain rights with respect to their educational records. Under this act, the student has the right to inspect and review their educational record; they also have the right to request an amendment to those records that the student believes are inaccurate or misleading. Students also have the right to file complaints with the Family Educational Rights and Privacy Act Office (FERPA) concerning alleged failures by the College to comply with the Act.

The entire policy can be found on the College Website at [www.trocaire.edu/my/registration/ferpa](http://www.trocaire.edu/my/registration/ferpa), in the Student Handbook, College Catalog or at <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/students.html>.

Trocaire College will disclose to parents or other individuals, information from the academic and/or financial records of a student provided Trocaire College has written consent of the student on file or proof of a student being a dependent student. Please complete the form below and return to the Trocaire College Registrar's Office if you wish to release your educational records to your parents or other designated persons. Your signature authorizes Trocaire College to disclose Academic or Financial information to your parents or designated persons. In addition, Trocaire College employees will be able to discuss your academic records with your parents or other person indicated below.

You are **required** to sign the waiver below, and it can be cancelled at any time by your written request. However, Trocaire College cannot discuss your records with parents (or other designated party) unless we have a signed FERPA waiver naming that person in your file OR unless you are claimed as a dependent on the most recent year's federal tax return (a copy of the tax return is required for verification of dependency status).

To authorize the release of information, please complete the FERPA Information Release form below. We must have a signed copy of this form or a copy of your parents' most recent federal tax return for this to go into effect. **Please note: Once signed, this authorization will remain valid until written notice to rescind is received in the Registrar's office.**

Student Name: \_\_\_\_\_ Trocaire College ID: \_\_\_\_\_  
*(please print clearly)*

Check (✓) only those that apply:

\_\_\_\_ I DO NOT grant access to any information

\_\_\_\_ I grant access to the following educational records:

- |   |                    |
|---|--------------------|
| ____ Registrar (Attendance, grades, academic progress, etc)                                   | ____ Admissions    |
| ____ Student Accounts (Billing Information, Holds)  | ____ Financial Aid |
| ____ Advisement (Acad. progress, alerts, grades, prob., etc)                                  | ____ Other _____   |
| ____ Trocaire Opportunity Program (Attendance, acad. progress, grades, etc) TOP students ONLY |                    |

The above indicated Trocaire College student educational records are hereby released to:

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

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

I understand the records indicated above may be released to the person(s) listed. I acknowledge that this consent will be in effect and honored until I revoke this authorization in writing.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**