# Louisiana College Student Consent to Release Confidential Information FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

In compliance with the Family Educational Rights and Privacy Act (FERPA) and Louisiana College's policy on the Disclosure of Educational Records, a student may grant the College the right to release confidential information such as grades, academic progress reports, class attendance records, financial aid, disciplinary actions, financial account information, to parent(s)/guardians(s)/spouse by completion of the "Student Consent to Release Confidential Information Form" provided. The release does not apply to information such as counseling and health records. A separate release is required to release or discuss health and counseling information. Authorization for release of other confidential information is valid as long as the student is enrolled at Louisiana College or until a written statement from the student cancels the request to release confidential information.

## Disclosure of Educational Records

Louisiana College will disclose information from a student's educational records only with the written consent of the student except in certain legally permissible situations, i.e., to college officials who have a legitimate educational interest in the records, to certain government or other public officials, and to parents of an eligible student who claim the student as a dependent for income tax purposes. However, information designated by Louisiana College for directory purposes, or the results of any disciplinary proceeding conducted by the College alleging a sex offense of the accused may be released without the student's consent. Otherwise, to release information, the student must complete and sign a *Student Consent to Release Confidential Information Form* authorizing the release of confidential information. The form must be submitted in person to: Office of the Registrar, Alexandria Hall, Room 145 and/or Office of Student Development, Hixon Student Center, Room 214.

# **Directory Information**

Louisiana College designates the following items as Directory Information: student name, address, telephone number, email address, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards/honors received, full or part-time enrollment status, most recent previous school attended, and photographs. The College may disclose any of those items without prior written consent, unless the student completes and submits to the Records Office the *Request to Prevent Disclosure of Directory Information Form* within the first two weeks of classes each semester.

### Parental Disclosure without Written Consent

Under FERPA, when a student turns 18 years of age or enrolls at a postsecondary institution at any age, all parental FERPA rights are transferred to the student. However, FERPA does provide for some information to be shared by schools with parents or legal guardians without the student's consent. Examples are: (1) disclosure of educational records if the student is a dependent for income tax purposes. This would apply to a student who was a dependent for the most recent tax year; (2) disclosure of educational records if a health or safety emergency involves their student; or (3) if the student is under age 21 and has violated any law or policy concerning the use or possession of alcohol or a controlled substance. Parents should discuss their intentions to obtain confidential information with their student whenever feasible.

# FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) Student Consent to Release Confidential Information Form Louisiana College

| l,   | hereby authorize     | M   |                          |                |
|--|----------------------|---|--------------------------|----------------|
| employees: Office of Financial Aid (Federal aid, so    | cholarships), Regis  | strar's Office (g                         | grades, credit ho        | ours,          |
| and transcript information), Business Office (Acco     | unt Information),    | Admissions Of                             | fice (Test Score         | S,             |
| High School GPA), Student Development (Persona         |                      |   |                          |                |
| (Faculty) to release confidential information such a   | es arades academi    | a prograde rope                           | wta aloga ottond         | 0200           |
|  |                      |   |                          |                |
| records, financial aid, disciplinary actions, financia | ii account informat  | tion to the pers                          | on(s) listed here        | ein.           |
| I further understand that this release does not apply  | to information su    | ch as counselir                           | or and health re         | cords          |
| protected by the Family Educational Rights and Pr      | ivoov Act (EEDDA     | ) and that outh                           | onization is well        | doc            |
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| long as I am enrolled at Louisiana College or until    |                      |   |                          |                |
| that this release of confidential information be cand  |                      |   |                          | for            |
| good faith actions taken prior to the cancellation of  | the release of info  | ormation conse                            | nt.                      |                |
| Finally, I understand that my confidential informat    | ion will only be re  | leased upon ro                            | point of a roque         | at for         |
| specific information and that I may cancel this Stud   |                      |   |                          |                |
| Form by submission of a written statement in man       | aeni Conseni io K    | eieuse Conjiae                            | nuai Injormati           | on             |
| Form by submission of a written statement in personal  | on at any time to: S | Student Develo                            | pment, Hixon S           | student        |
| Center, Room 214.                                      |                      |   |                          |                |
|  |                      |   |                          |                |
| Persons to whom my confidential information n          | nay be released (P   | Please Print):                            |                          |                |
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| Street   | City                 | State                                     | Zip                      |                |
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| **************   | *********            | *******                                   | ********                 | ****           |
| Student's Required Information:                        |                      |   |                          |                |
|  |                      |   |                          | 71-11          |
|  |                      |   |                          | 3,44           |
| Student's Name (please print):                         | Las                  | t 4 Digits of SS                          | N and Date of            | Birth          |
|  |                      |   | 58                       |                |
|  | 52)<br>22)           |   |                          |                |
| Student's Signature                                    | Date                 | e of Consent                              |                          | 7. <b>2</b> 57 |
|  |                      |   | E <sup>0</sup>           |                |