# Louisiana Christian University 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 Christian University'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 Christian University or until a written statement from the student cancels the request to release

confidential information.

## **Disclosure of Educational Records**

Louisiana Christian University 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 Christian University 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 Christian University 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.

# March 2007

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

I, \_\_\_\_\_\_hereby authorize Louisiana Christian University and/or its employees: Office of Financial Aid (Federal aid, scholarships), Registrar's Office (grades, credit hours, and transcript information), Business Office (Account Information), Admissions Office (Test Scores, High School GPA), Student Development (Personal and Disciplinary Records), and Academic Affairs (Faculty) to release confidential information such as grades, academic progress reports, class attendance records, financial aid, disciplinary actions, financial account information to the person(s) listed herein.

I further understand that this release does not apply to information such as counseling and health records protected by the Family Educational Rights and Privacy Act (FERPA) and that authorization is valid as long as I am enrolled at Louisiana College or until a written statement from me is submitted to request that this release of confidential information be cancelled. Louisiana Christian University shall not be held liable for good faith actions taken prior to the cancellation of the release of information consent.

Finally, I understand that my confidential information will only be released upon receipt of a request for specific information and that I may cancel this *Student Consent to Release Confidential Information Form* by submission of a written statement in person at any time to: Student Development, Hixon Student Center, Room 214.

#### Persons to whom my confidential information may be released (Please Print):

| Name:                                   | Relationship<br>Parent(s)/Guardians(s)/Spouse/Other |  |     |  |
|---|---|--|-----|--|
|   |   |  |     |  |
| Address:                                |   |  |     |  |
| Street                                  | City  | State                                  | Zip |  |
| ( )                                     | ( )   |  |     |  |
| Home Telephone                          | Work/Cell Telephone                                 |  |     |  |
| *************************************** |   | ******                                 |     |  |
| Student's Required Information:         |   |  |     |  |
|   |   |  |     |  |
|   |   |  |     |  |
| Student's Name (please print)           | Last 4 Digits of                                    | Last 4 Digits of SSN and Date of Birth |     |  |
|   |   |  |     |  |
| LCU ID                                  |   |  |     |  |
|   |   |  |     |  |
| Student's Signature                     | Date of Cons  | ent                                    |     |  |