

**STUDENT AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS INFORMATION**  
(All sections must be completed. Please print legibly.)

Name of Student: \_\_\_\_\_ ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address(es): \_\_\_\_\_

Address: \_\_\_\_\_

**I AUTHORIZE** (Print name of person/office you authorize to provide the education records information):

\_\_\_\_\_

**1. TO DISCLOSE THE FOLLOWING EDUCATION RECORDS (Check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Grades (credits and/or grade point average)                          | <input type="checkbox"/> General comments about performance in a course or during a field experience (teaching, internship, practicum) |
| <input type="checkbox"/> Academic transcript  | <input type="checkbox"/> Hours of attendance   |
| <input type="checkbox"/> Course registration and enrollment                                   | <input type="checkbox"/> Courses in progress   |
| <input type="checkbox"/> Performance observation notes, evaluation instruments or information | <input type="checkbox"/> Financial aid information   |
| <input type="checkbox"/> Other (Specify): _____   |  |

**2. TO THE FOLLOWING NAMED INDIVIDUAL PARTY OR CLASS OF PARTIES (Check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Prospective employer(s)  | <input type="checkbox"/> Third-party funding agency (List below)<br>_____ |
| <input type="checkbox"/> School official(s) responsible for admission to educational programs | <input type="checkbox"/> Current employer (List below)<br>_____           |
| <input type="checkbox"/> Individual(s) responsible for scholarships, grants, etc.             |   |
| <input type="checkbox"/> Other (Specify): _____   |   |
| <input type="checkbox"/> Individual party (Print name): _____                                 |   |

**3. FOR THE FOLLOWING REASON(S) (Explain):**

This authorization will be in effect until \_\_\_\_\_  
Month Day Year

Yes  No I agree that a photocopy or fax copy of this authorization be accepted with the same authority as the original.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

# MORAINE PARK TECHNICAL COLLEGE

## STUDENT AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS INFORMATION

(June 16, 2004)

### Background

The Family Educational Rights and Privacy Act of 1974 ("FERPA" or the Buckley Amendment) is a federal law that affords students certain rights with respect to their *education records*. One part of FERPA focuses on confidentiality of education records. School officials, including field supervisors for student interns and/or clinical sites, must protect the privacy of education records and not disclose personally identifiable information about a student or permit inspection of the student's records without his or her written consent. The student's written signed consent must contain three elements, as described below:

1) **Specify the records to be released.**

Examples: Grades and transcripts, financial aid awards, notes based on observations or general assessment of performance of a student in a class or in a field-based experience.

2) **Identify the party or class of parties to whom the records should be released.**

Examples: Prospective employer, non-Moraine Park school official or scholarship committee member.

3) **Indicate the reason for the release.**

Examples: As part of an application for employment, admission into a graduate program or application for a scholarship or grant.

*Note: A letter of reference, written on behalf of a student by a cooperating teacher, supervisor or other school official, who has not obtained the student's written consent, does NOT provide that official with the authorization to disclose educational records or to discuss the student's performance even if the letter welcomes telephone calls or other inquiries about the student.*

### Directions for Student

It is your obligation to complete, sign and present a **separate** Student Authorization for Release of Education Records Information form to any individual who may be called upon to disclose education records about you or to discuss your performance (e.g., a professor in an academic course, an internship supervisor, etc.).

### Directions for Moraine Park Technical College Faculty and Staff

A Student Authorization for Release of Education Records Information form, completed and signed by the student, must be in your possession before disclosing education records or discussing the student's performance with someone other than the student or another Moraine Park school official who has a legitimate educational interest.

***Questions regarding this policy should be directed to the Registrar's Office at Moraine Park  
920-924-3193***