

FERPA Disclosure Form

PERMISSION TO DISCLOSE EDUCATIONAL RECORDS

Hood College complies with the Family Educational Rights and Privacy Act (FERPA) of 1974, under which student education records are confidential and may only be released with consent of the student or as otherwise permitted by law. Students at Hood College have a number of rights under FERPA regarding their education records. One of those rights is consenting to release education records to third parties. Such information includes course schedules, academic standing, reports of concern, grades, disciplinary records, and student account information. This consent will remain on your record and allow us to release information to the parties you designate while a student at Hood College unless you revoke this permission by notifying the Registrar's Office in writing of your intent to do so.

Disclosure of Directory Information

Student Information:

Hood College may disclose any information deemed as Directory Information without prior consent unless notified in writing to the contrary. The following items are considered Director Information and will be released in response to any inquiry, unless the student notifies the registrar's office in writing that they do not wish this information released: Name, class level, enrollment status, date of birth, major or program of study, dates of attendance, degrees/certificates and dates awarded, honors and awards received.

Student ID#	Date of Birth (MMDDYY)
First Name	Last Name (Surname)
Release Educational Information: Please print the names and relationships of those to wh	nom you consent to the release of education records:
Name	Relationship
Name	Relationship
Name_	Relationship
student ID number and date of birth to verify approval t determine what education record information may be re	iew education records will be requested to provide student name to release information. Hood College reserves the right to eleased. This release does not provide third parties with guest If College personnel to discuss specific education records.
By submitting this form, you are indicating that you have ducation records to the parties indicated.	re read the information above and consent to the release of
Student Signature	Date