



RELEASE OF INFORMATION AUTHORIZATION FORM

The Family Educational Rights and Privacy Act of 1974 (FERPA) is a federal law that protects the privacy of student education records. For the student's protection, FERPA limits release of student record information without the student's explicit written consent. If you wish to authorize a release of information, please complete the form below.

I hereby authorize any faculty member of _____ department, any staff member of _____ office, and/or specific individual _____ to disclose educational record information to:

First Name

Last Name

Relationship

I understand that any discussions about my educational record with another individual other than me will occur in person and will require the authorized individual to provide valid photo ID. I also understand there may be circumstances where I must also be present to discuss my educational record information. I acknowledge that certain faculty members, such as my advisor, and members of the College staff will have access to my record for standard operational purposes.

By my signature, I acknowledge that:

- a) I am not required to release the information, but am voluntarily giving my consent;
- b) I may revoke this consent in writing;
- c) The release will remain in effect until I am no longer a student at Hood College or I revoke the consent in writing.

Student Signature _____

Student Name Printed _____

Student ID Number _____ Date: _____

Return this form to the Graduate School office.

*The Graduate School at Hood College
401 Rosemont Avenue
Frederick, MD 21701
Phone: 301-696-3600, Fax: 301-696-3597, Email: hoodgrad@hood.edu*