

## **Family Educational Rights and Privacy Act (FERPA) AccessAbility Services Student Consent Disclosure Form**

It is important for all students at WestConn to be familiar with the laws and procedures that govern access to student records. The Family Educational Rights and Privacy Act Of 1974, commonly referred to as FERPA, is a federal law designed to protect the privacy and limit access to the educational records of students. In short, all educational records are strictly your business unless you give a third party the right to this information in writing. An exception to this general rule is when it can be proven that you are being claimed as a legal dependent on a parent's or guardian's Federal Income Tax form. In this case, the university is obligated to release the information that is being requested. (Note: In certain other instances upon court order the university may be obligated to release information but only after students have been notified).

You may sign the AccessAbility Services Student Consent Disclosure form if you wish, but this is not required. When completing the form, make sure you write the name of the person(s) you wish to share your records with and check off only the information that you are willing to release (Enrollment and attendance records, grades and academic standing, disability documentation and AccessAbility records). You may choose to release all or some of this information. It is your decision!

Please note that if you are willing to release either your health or mental health records, this AccessAbility Services Student Consent Disclosure Form cannot be used. You must visit the University's Health Services and/or Counseling Center to complete their respective "release of information" forms. Health Services is located in Litchfield Hall and the Counseling Center is located in Student Center 222 (Midtown Campus).

Once you have filled out the AccessAbility Services Consent Disclosure form, you must bring it to the Coordinator of AccessAbility Services. You can revoke your consent at any time by submitting a **written request** to the Coordinator of AccessAbility Services.

**AccessAbility Services  
Student Consent Disclosure Form**

Student Name (print) \_\_\_\_\_

I was claimed as a dependent on my parent's / parents' / guardian's most recent tax form  
Yes \_\_\_\_\_ No \_\_\_\_\_

(if you check "yes" you must indicate below those who have claimed you as a dependent)

I know that the Family Educational Rights and Privacy Act of 1974 as amended (FERPA) protects the privacy of my student educational records and limits access to the information contained in those records.

I have indicated below the individual(s) who may have information from my records:

1. Name \_\_\_\_\_  
Address (city/state/zip) \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

2. Name \_\_\_\_\_  
Address (city/state/zip) \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

By signing this form I authorize the above named individual(s) to be informed about the following information (check all those who apply)

- My enrollment and attendance records
- My grades and academic standing
- My disability documentation
- My AccessAbility Services records

Name(print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

ID# \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

*If Requesting Records from WCSU:*

Graduation date or Last Semester Attended \_\_\_\_\_

Full or Part time \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

