

Family Educational Rights and Privacy Act (FERPA)

## **STUDENT CONSENT FORM**

for Parental/Guardian or Third Party Access

**(Optional)**

It is important for all students at Western Connecticut State University to be familiar with the laws and procedures that govern access to student records. The Family Educational Rights and Privacy Act of 1974 (amended in Jan. 1999), commonly referred to as FERPA, is a federal law that is designed to protect the privacy of and limit access to the educational records of students. No one outside the university shall have access to nor will the university disclose any information from a student's educational records without his/her written consent, with the following exceptions: students' educational records will be open to personnel within the university, officials of other institutions in which the student seeks to enroll, persons or organizations providing financial aid, accreditation groups, persons in compliance with a judicial order, and persons in an emergency in order to protect the health or safety of students or other persons. Parents of a student who is officially documented as their dependent for income tax purposes may see a student's record only at the discretion of the university.

You may sign the Student Consent Form if you wish, but this is not required. When completing the form make sure you write the name of the person(s) with whom you wish us to share your records and check off only the information you are willing to release (grades/academic standing, enrollment records, financial aid information, billing records, and/or judicial/disciplinary records). You may choose to release all or some of this information. It is your decision!

You may also choose not to have any of your information released to anyone, including directory information that is frequently released to outside organizations upon request. If you choose not to have any information released, please complete and hand in the "Request for Non-Disclosure Form" that can be found on the Student Affairs website at [wcsu.edu/registrar/forms.asp](http://wcsu.edu/registrar/forms.asp).

Please note that if you also want to release either your health records, mental health records, or disability documentation, this Student Consent Form cannot be used. You must visit the university's Health Service, Counseling Center, and/or AccessAbility Services office or website to complete their respective "release of information" forms.

Once you have filled out the Student Consent Form, you must bring or send it to the Registrar's Office, Old Main, Room 104, 181 White Street, Danbury, CT 06810 where it will be processed and kept on file.

You can revoke your consent at any time by submitting a written request to the Registrar's Office. Please feel free to contact the Registrar's Office at (203) 837-9200 if you wish to discuss these issues in greater detail.

*(See other side for the Student Consent Form)*  
WCSU, 181 WHITE STREET, DANBURY, CONNECTICUT 06810  
[WWW.WCSU.EDU](http://WWW.WCSU.EDU)

# Student Consent Form

for Parental/Guardian or Third Party Access  
(Optional)

Name \_\_\_\_\_

*Please print*

Student ID Number \_\_\_\_\_ Major \_\_\_\_\_

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

I understand that I am giving permission to the individual(s) listed below to have access to my educational records:

1. Name \_\_\_\_\_

Address (city/state/zip) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Relationship to student \_\_\_\_\_

2. Name \_\_\_\_\_

Address (city/state/zip) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Relationship to student \_\_\_\_\_

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

- my grades and academic standing
- my enrollment records
- my financial aid information
- my billing records
- my judicial/disciplinary records
- I am choosing **not** to share information with my parent or guardian

*(Note: If you also wish to release health records, Counseling Center records, or disability documentation, you must visit the appropriate offices and fill out separate release forms in each case).*

I understand that I am under no obligation to sign this consent form and that I may revoke consent at any time.

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

*Please complete, sign, and return this form to:*

Registrar's Office, Old Main 104, WCSU, 181 White Street, Danbury, CT 06810  
www.wcsu.edu