



Office of the Registrar  
160 Herrick Road, Newton Centre, MA 02459  
617-559-8642 (phone) 617-559-8825 (fax)

## FERPA RELEASE FORM

Please allow the following person access to my educational records.

Name \_\_\_\_\_

Company, if applicable \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The only type of information that is to be released under this consent is:

- \_\_\_\_\_ transcript
- \_\_\_\_\_ disciplinary records
- \_\_\_\_\_ financial records
- \_\_\_\_\_ all records
- \_\_\_\_\_ other (specify) \_\_\_\_\_

The information is to be released for the following purpose:

- \_\_\_\_\_ employment
- \_\_\_\_\_ admission to an educational institution
- \_\_\_\_\_ family communications about university experience
- \_\_\_\_\_ other (specify) \_\_\_\_\_

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this consent. **I understand that I may revoke this consent upon providing written notice to the Registrar or Director of the Office of Student Services.** I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to [Name of Person listed above to whom the educational records will be released] for the specific purpose described above.

Name (for alumni, your name at time of attendance) (print) \_\_\_\_\_

Current mailing address \_\_\_\_\_

\_\_\_\_\_

Student ID Number (or last 4 digits of SSN) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_