

**AUTHORIZATION TO DISCLOSE ACADEMIC AND/OR FINANCIAL
INFORMATION TO PARENTS/GUARDIANS**

Name: _____
(Please Print)

Student Identification Number
(Located at the top of your Le Moyne ID)

**THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974
(F.E.R.P.A.)**

Annually, Le Moyne College informs students of the Family Educational Rights and Privacy Act of 1974, as amended. This Act, with which the institution intends to comply fully, was designated to protect the privacy of educational records, to establish the rights of students to inspect and review the educational records, and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. Students also have the right to file complaints with The Family Educational Rights and Privacy Act Office (FERPA) concerning alleged failures by the institution to comply with the Act.

The full FERPA policy can be found on the Registrar's website at: <http://www.lemoyne.edu/registrar/ferpa.htm>. In addition, it is printed in the Student Handbook. Questions concerning the Family Educational Rights and Privacy Act may be directed to the Registrar's Office at 445-4456.

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In accordance with FERPA, the College will disclose to parents information from the academic records of a student provided the College has on file written consent of the student. Please sign below and return to the Office of the Registrar, Grewen Hall 212, if you want the College to release to your parents your educational records. By signing this, you are authorizing Le Moyne College to grant online access to the information you check below to your parents. In addition, if you check that you are releasing academic information, your parents will have online access to your grades and college employees will be able to discuss your academic records with your parents.

Student's Signature

Date

Please Note: Once this form has been signed, this authorization will remain valid until a written request to rescind is received by the Registrar's Office.

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- I grant access to both academic and financial information to the Parent/Guardian listed below.
 - I grant access to academic information to the Parent/Guardian listed below.
 - I grant access to financial information to the Parent/Guardian listed below.

Parent or Guardian

Parent or Guardian

Name: _____

Name: _____

E-mail Address: _____

Email Address: _____

Address: _____

Address: _____

Phone: _____

Phone: _____