



AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

*It is the policy of Saint Michael's College, in accordance with the **Family Educational Rights and Privacy Act (FERPA)**, to withhold disclosure of personally identifiable information from educational records except when the student has consented to disclosure or FERPA allows disclosure. There is information about FERPA on the college Website (at the Registrar's Office pages) and in the college catalogue.*

By signing this form you give consent for the college to disclose information from your educational records to your parent(s), your legal guardian(s), or other designated persons. Such information includes class schedules, mid-term warnings, grades, and disciplinary records. You may revoke this consent at any time by notifying the Registrar's Office in writing.

Check the boxes below and write the appropriate name(s) to indicate your consent for Saint Michael's College to disclose educational information to your parent(s), your legal guardian(s), or other designated persons.

Mother Name _____

Father Name _____

Legal Guardian Name _____

Other (Specify) Name _____

Please complete the information below and sign.

Student's Name _____ SSN _____

Signature _____ Date _____

Please return this form to the Registrar's Office, Founders 112

Or

**Registrar's Office
Saint Michael's College
One Winooski Park
Colchester, VT 05439**