

Last Name: _____ First Name: _____ MI: _____

As required by the Family Educational Rights and Privacy Act of 1974 (FERPA), Divine Word College maintains its students' rights to confidentiality. Accordingly, college officials do not disclose student records or personally identifiable information without written consent except to school officials or specified individuals or agencies that have legitimate educational interests.

Notice Concerning Directory Information

College officials may release "Directory Information" without written consent, unless you instruct us otherwise. Directory information includes, but is not limited to, the student's:

- Name & Address
- Telephone listing
- Electronic mail address
- Enrollment status (e.g., undergraduate or graduate)
- Photograph
- Major field of study
- Honors and awards received
- Grade level
- Date and place of birth
- Fulltime or part-time
- Dates of attendance
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees
- The most recent educational agency or institution attended

An eligible student has the right to refuse to let the school designate any or all of the above types of information about the student as "Directory Information". You can do so (if desired) by giving us a notice. You can give us this notice now (see below), or you have 10 days after receiving this notice to provide us with notice in writing that you do not want any or all of the types of directory information about you designated as directory information.

- I have received the above Notice Concerning Directory Information.
- I request that the school not release the following types of Directory Information (specify "all" or types below):

Student Signature_____
Date

FERPA Authorization to Release Information
(Other than Directory Information)

From time to time, concerned individuals, e.g., religious superiors, may request or have need for specific student information that is personally identifiable and from your education and formation records. Therefore, the college requests that students complete the Release of Information consent form, either authorizing release to specified persons or declining release.

I, _____, authorize Divine Word College
(Name of student)

to disclose the following information to:

(Name of Religious/ Diocesan or Other)

- | | |
|--|---|
| <input type="checkbox"/> Academic Information | <input type="checkbox"/> Formation Information |
| <input type="checkbox"/> Financial Information (including
Financial Aid) | <input type="checkbox"/> Extracurricular Information |
| <input type="checkbox"/> Disciplinary Information | <input type="checkbox"/> Health Information |
| | <input type="checkbox"/> All of the above Information |
|
<input type="checkbox"/> Cancel previous FERPA Authorization to Release Information. | |

(Student signature)

(Date)

This authorization is valid until canceled. The student may cancel this release at any time by submitting another FERPA form to the Registrar's Office.

(Do not sign below this line if you signed above)

If a student does not want information shared with others at this time, he/she may indicated by checking the box below and signing.

- At this time, I decline granting permission to release any information other than Directory Information.

(Student signature)

(Date)