



# STUDENT CONSENT FOR RELEASE OF NON-DIRECTORY RECORDS

FERPA (Family Educational Rights and Privacy Act) is a federal statute that precludes Chamberlain College of Nursing from providing student record information to anyone but the student without the student's written authorization.

## A. Student Information

Student Name \_\_\_\_\_ Student ID (D#) \_\_\_\_\_

## B. Third-Party Information

- I authorize the release of my records to the following person(s)
- I rescind authorization for the release of my records to the following person(s)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name			
Address		City	State Zip
Home Phone		Cell Phone	
Email Address		Relationship	

## C. Information to be Released

Please check the type of information you are providing authorization to release to the parties in Section B or check All Non-Directory Information to authorize release of all non-directory information on your student record.

- Financial Aid
- Grades
- Attendance
- Disciplinary Action
- All Non-Directory Information



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### D. Certification Statement

Sign and date if providing initial authorization:

I, the undersigned, do hereby waive my rights under the Family Educational Rights and Privacy Act, and authorize Chamberlain College of Nursing to disclose information regarding my enrollment account and/or debt information to the third parties listed in Section B. This authorization is effective immediately and will remain in place until rescinded by the student. It may be rescinded at any time by submitting a copy of this form with section E completed. Please make a copy of this form for your record.

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Student Name (printed)

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Student Signature

Date

### E. Rescinding Authorization

Sign and date if rescinding authorization:

I, the undersigned, do rescind the prior authorization given to the third parties listed in Section B for release of information described in Section C, effective immediately.

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Student Name (printed)

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Student Signature

Date