

**FAMILY EDUCATIONAL RIGHTS  
AND PRIVACY ACT (FERPA)**



*The Family Educational Rights and Privacy Act (FERPA)* is federal legislation governing access to, amendment of and disclosure of student education records. FERPA provides that education records cannot be disclosed without the student's written consent. However, federal law permits Doane College to notify parents of students under the age of 21 of the student's alcohol violations.

*Education records* means those records directly related to the student and maintained by Doane College and include but are not limited to, academic, disciplinary, personal, financial and extracurricular records. In order for school officials to discuss your education records with parents or any other non-school official, you must complete, sign and date the **Consent to Release**.

For more information on FERPA, please contact the Registrar's office.

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT  
CONSENT TO RELEASE**

I (print name) ID/SS#: \_\_\_\_\_  
HEREBY AUTHORIZE DOANE COLLEGE to release my education records to the individual(s) listed below.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_  
*Your Consent to Release expires upon graduation or two consecutive terms of non-enrollment. Changes can be made with a written request to the Registrar's Office.*

**Please print** below to whom we can release information e.g. parents, spouse, grandparents, custodian, etc.

|                |                         |            |       |
|----------------|-------------------------|------------|-------|
| _____          | _____                   |            |       |
| First Name     | Last Name               |            |       |
| _____          | _____                   | _____      | _____ |
| Address        | City                    | State      | Zip   |
| _____          | _____                   | _____      |       |
| Home Phone     | Business Phone          | Cell Phone |       |
| _____          | _____                   |            |       |
| E-mail Address | Relationship to student |            |       |

|                |                         |            |       |
|----------------|-------------------------|------------|-------|
| _____          | _____                   |            |       |
| First Name     | Last Name               |            |       |
| _____          | _____                   | _____      | _____ |
| Address        | City                    | State      | Zip   |
| _____          | _____                   | _____      |       |
| Home Phone     | Business Phone          | Cell Phone |       |
| _____          | _____                   |            |       |
| E-mail Address | Relationship to student |            |       |

Additional names may be written on the back of this form. Please include the additional information requested above.  
Return this form to the Registrar's Office in the Padour-Walker building.