

PERMISSION TO DISCLOSE EDUCATIONAL RECORDS

*It is the policy of Goucher College, in accordance with the **Family Educational Rights and Privacy Act (FERPA)**, to withhold disclosure of personally identifiable information from educational records unless the student has consented to disclosure or FERPA allows disclosure. For more detailed information, please consult the *Campus Handbook* under "Student Records and FERPA."*

By signing this form, you give consent to disclose your educational records to your parent(s), legal guardian(s), or other designated person(s). The purpose of the consent is to allow Goucher College to release educational record(s) or information contained in your educational records. Such information includes course schedules, reports of concern, grades, disciplinary records, and student account information. This consent will remain on your record and allow us to release information to your parent(s) (or other person that you may designate) even when you are no longer listed as a dependent on your parent's income tax return, or you have graduated and left the university, unless you revoke this permission by notifying the Registrar's Office in Student Administrative Services in writing of your intent to do so.

Check the box(es) below and write the appropriate name(s) to indicate your consent for Goucher College to disclose educational information to your parent(s), legal guardian(s), or other designated person(s).

- Mother Name _____
- Father Name _____
- Legal Guardian Name _____
- Other (specify) Name _____

Please complete the information below and sign.

Student's Name _____ ID# _____

Signature _____ Date _____