

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 "Students 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)

Guardian: _____
(Name)

Other (specify): _____
(Name)

Address changes made by person(s) designated above, will be accepted and applied automatically to your student record unless you check the box below.

Automatic updates should not be applied to my record. I will manually notify the college.

By submitting this form, you are indicating that you have read the statement above, and granted authorization to the individuals indicated.

Student Name: _____

Student Signature: _____ **Date:** _____

You must be a current student to submit this form

Return completed request in person, by mail or fax
Fax # 410-337-6504
Office of the Registrar
Student Administrative Services
Goucher College
1021 Dulaney Valley Road
Baltimore, MD 21204