

Molloy College
Student Request to Share Information & FERPA Waiver

Your educational records are confidential, protected by the Family Educational Rights and Privacy Act (FERPA). We cannot release this information to anyone other than you without your written authorization. This form is designed to allow you to authorize us to release information to the person(s) designated below.

Student Name (please print)

Social Security #

I understand that the Family Educational Rights and Privacy Act of 1974 as amended (FERPA) protects the privacy of my student educational records and limits access to the information contained in those records.

I authorize Molloy College representatives to discuss any or all of my educational records with those listed below (i.e. billing and financial aid, enrollment, attendance, student life, etc.) Initial Here _____

Please list below parents, guardians or family members to whom we may speak. (These individuals will be required to provide proof of identification before information can be released.)

Name: _____

Relationship to Student: _____ Date of Birth: _____

Address & Phone Number: _____

Name: _____

Relationship to Student: _____ Date of Birth: _____

Address & Phone Number: _____

I understand that:

1. This consent shall remain in effect until I submit a written request to the Student Solution Center to cancel this authorization

Print Name of Student

Student's Signature

Date