



Family Educational Rights and Privacy Act (FERPA) Consent Form

I, _____, understand that the *College* will regularly distribute my student information to the personal email address that I have provided as part of my academic file.

I also understand that my student information includes but is not limited to the following personally identifiable information:

- Student Name and Number
- Course Names and Grades
- GPAs
- Credits
- Attendance
- Program of Study
- Student Account Statement

I further understand that this authorization will remain in effect for the duration of my program unless I submit a formal written request to the Registrar's Office to cease the distribution of my information via email. I have read and fully understand these conditions and have addressed any questions with the admission representative.

Student Signature

_____/_____/_____
Date

School Official Signature

_____/_____/_____
Date