



FERPA Consent To Release Student Information

It is the policy of Good Samaritan College Of Nursing And Health Science (Good Samaritan), in accordance with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. sec, 1232(g), not to disclose the educational records of its students, or personally identifiable information contained therein, unless the student has consented to disclosure or unless FERPA otherwise allows disclosure.

By signing this form, I am waiving my rights under FERPA and consent to Good Samaritan disclosing the following records to the following persons or organizations. I understand that the requesting party must not release the information to anyone else unless permissible under FERPA and that the records must be destroyed when no longer needed for the purpose for which they were disclosed.

1. Student's name: _____

2. Records that may be disclosed: _____

3. Persons or organizations to whom information may be disclosed: _____

4. Purpose of the disclosure: _____

I acknowledge by my signature that I understand that although I am not required to release my records, I am giving my consent to disclose the designated information to the above-named persons. I understand that this release remains in effect unless I revoke such consent in writing.

Student's signature: _____

Date: _____