

## CONSENT TO RELEASE ACADEMIC INFORMATION

The federal Family Educational Rights and Privacy Act of 1974 (FERPA) was enacted to protect the privacy of and limit access to the educational records of students. The College may not share educational records without the express written consent of the student, except as specified in the law. All institutions of higher education in the United States are subject to this law. Mount Holyoke College's policy on privacy and access to records is published in the Course Catalog and on the registrar's office website at <https://www.mtholyoke.edu/registrar/rights>.

The regulations of the Act make clear that, in the case of students who are dependents of their parents for Internal Revenue Service purposes, information from the education records of the student may be disclosed to parents or guardians without the student's prior consent. In communications with parents concerning other matters, it is normally College policy to respect the privacy of the student and not to disclose information from educational records without the student's prior consent.

Sometimes students and parents can become frustrated by the College's inability to share records, especially academic information. We, therefore, offer an opportunity for students to sign a release form granting the College permission to share educational records with parents or guardians. The student has the right to revoke the permission granted here at any time by notifying the Office of Academic Deans in writing.

**Student name (please print):** \_\_\_\_\_ **Class:** \_\_\_\_\_

I have indicated below the individual(s) who may have information from my records:

1. Name: \_\_\_\_\_

Address (city/state/zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address (city/state/zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

I hereby grant permission to Mount Holyoke College to release information from my educational records to the above listed person(s). This permission will remain in effect until I graduate or withdraw from the College, unless I revoke it in writing.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you wish to grant this waiver, please return the completed form to:

Office of Academic Deans  
Mount Holyoke College  
300 Mary Lyon Hall  
50 College Street  
South Hadley, MA 01075