

CONSENT TO RELEASE INFORMATION TO PARENTS

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 Bulletin and at the registrar's office website at <https://www.mtholyoke.edu/registrar/rights>.

FERPA does allow for the release of information to parents of dependent students as demonstrated by evidence that at least one parent declares the student as a dependent as defined by the Internal Revenue Service. When the College is able to confirm the tax dependent status of the student, it is the policy of the College to notify both the student and her parents in writing when a student is placed on academic probation, suspended, or required to withdraw. 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 a student's educational records without the prior consent of the student.

Sometimes students and parents can become frustrated by the College's inability to share records, especially academic information. We therefore offer an opportunity to students to sign a release form granting the College permission to share educational records with parents or guardians, although under the law the College cannot require a student to grant such permission. By signing this release form, the College may disclose records to a student's 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): \_\_\_\_\_

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 my parents or guardians. This permission will remain in effect until I graduate from the College unless I revoke it in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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