FERPA Disclosure Form

IMPORTANT — PLEASE RETURN TO THE REGISTRAR'S OFFICE



Student ID #		
Last Name		Password
First Name		Used to verify release of information please print:
Date		
This form serves as your instructions to SVA reappropriate, indicating that you have read the p		
prior to the disclosure of personally identifiable Information" that is generally not considered h Such outside organizations include, but are not insurance agencies and financial institutions. In	e information from your education reco armful or an invasion of privacy witho limited to, federal and state agencies a addition, two federal laws require SV	SVA, with certain exceptions, obtain your written consent ords. However, SVA may disclose certain basic "Directory ut your consent, to outside third-party organizations. offering jobs and educational benefits, potential employers, A to provide military recruiters, upon request, with your want your information disclosed without prior written consent.
"Directory Information" is defined by SVA as: s (undergraduate or graduate, full- or part-time),		ber, e-mail address, major field of study, enrollment status ed (including dates).
form. Please consider very carefully the conseq Office not to release Directory Information, all be refused. SVA will honor your request to with	uences of any decision by you to withh future requests for such information fr ahold Directory Information but canno	ay choose to opt-out by notifying SVA using this written hold Directory Information. If you inform the Registrar's from non-institutional persons or third-party organizations will assume responsibility to contact you for subsequent permisoring your instructions that information be withheld.
If you wish to change your restrictions on discle	osure of Directory Information, a new	form must be filed with the Registrar's Office.
I understand that, under FERPA guidelines, SV	'A ordinarily may disclose basic inform	ation about me as "Directory Information."
pertaining to me cannot be released to third pa my written consent. I understand that, among o	rties (including potential employers, in other things, this means no office or fac- the information re-designated as unres	bmission of this written request, Directory Information issurance agencies, financial institutions, etc.) apart from culty member can release any status information or other stricted Directory Information, I must notify the SVA Office.
Student Signature	Please Print Name	Date
2. EDUCATIONAL RECORDS Check One I am I am not Considered dependent on my parents according their income tax form 1040).	g to IRS tax code of 1954, section 152	(your parents claim you as a dependent on
I consent to SVA releasing, or not, my education or guardians as indicated below:	nal records, i.e., grades, attendance, et	c., and directory information to my parents
Action	Check One	Parent/Guardian Name (please print)
Release to both parents/guardians		
Release to father only		
Release to mother only		
Release to other (specify)		
Do Not Release		
Student Signature	Please Print Name	Date