

The Family Educational Rights and Privacy Act of 1974 (FERPA) allows the College of the Holy Cross (the "College") to disclose information from student education records to third parties under certain circumstances, including when a student has signed a written authorization. Please see the [Online Manual for Holy Cross Policies and Procedures](#) for further information regarding FERPA. This form allows the College, in its sole discretion, to disclose to or discuss your student information with the parties indicated below.

I, \_\_\_\_\_ (student name) , authorize the College to disclose and/or release to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

the following information from my education records at the College (please describe the information to be released): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

for the following purposes (please state the reason for the disclosure):

\_\_\_\_\_

\_\_\_\_\_

A facsimile or photocopy of this Authorization shall be considered as effective and valid as the original. I hereby release the College, its trustees, employees and agents, from any liability to me or anyone claiming by or through me, which may arise directly or indirectly out of the College's good faith compliance with this Authorization. This Authorization is effective until I revoke it by providing a signed notification to the College.

PLEASE NOTE: Neither FERPA nor this Authorization requires the College or its employees to disclose information. Any disclosure will be at the College's sole discretion.

Student Signature: \_\_\_\_\_

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

Student Address: \_\_\_\_\_

\_\_\_\_\_

Student ID Number: \_\_\_\_\_