



Manor College  
Office of the Registrar  
Phone: (215) 780-1187  
FAX: (215) 780-1950

# FERPA RELEASE FORM

(Family Educational Rights and Privacy Act)

I, \_\_\_\_\_, give permission to Manor College to release  
(Print Student's First and Last Name)

the selected information to the following recipient. This release is for any and all lawful purposes which may include, without limitation: providing records access to family or guardians, scholarship application, employer reimbursement, etc.: \_\_\_\_\_

(List other pertinent purposes here)

### TYPE OF INFORMATION TO RELEASE:

- All Education Records
- Select Education Records: \_\_\_\_\_

### RECIPIENT:

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of such law and all privileges. By completing and signing this release form, I am authorizing Manor College to discuss, disclose, and disseminate any and all information that is housed in my education records to the individual(s) whom I have identified above. I realize that unless I opt-out in writing, certain parts of my education records may be disclosed regardless of this release, such as directory information. I also realize that there are exceptions to FERPA that may allow Manor College to release my educational records regardless of this release. The person and/or agency receiving my education records may not disclose the information received unless specifically authorized in the "purpose" section of this release. However, since Manor College cannot control the actions of other people, I release Manor College and waive all rights as it concerns others' actions once my information is in their possession. This release will expire five (5) years from the date of signature unless noted differently.

I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to Manor College Registrar's Office.

X \_\_\_\_\_ A \_\_\_\_\_ \_\_\_\_\_  
(Student's Signature) (Student ID#) (Date)

Please complete and submit this form to the Registrar's Office, Basileiad Manor Building – Room 3

Registrar's Office use only:

\_\_\_\_\_ date received stamp      \_\_\_\_\_ date entered / initials      \_\_\_\_\_ date scanned / initials      \_\_\_\_\_ date attached / initials