Family Educational Rights and Privacy Act (FERPA)

OFFICE OF FINANCIAL AID SERVICES STUDENT CONSENT FORM

for Parental/Guardian or Third Party Access (Optional)

It is important for all students at Naugatuck Valley Community College to be familiar with the laws and procedures that govern access to student records. The Family Educational Rights and Privacy Act of 1974 (amended in Jan. 1999), commonly referred to as FERPA, is a federal law that is designed to protect the privacy of and limit access to the educational records of students. No one outside the university shall have access to nor will the university disclose any information from a student's educational records without his/her written consent, with the following exceptions: students' educational records will be open to personnel within the university, officials of other institutions in which the student seeks to enroll, persons or organizations providing financial aid, accreditation groups, persons in compliance with a judicial order, and persons in an emergency in order to protect the health or safety of students or other persons. Parents of a student who is officially documented as their dependent for income tax purposes may see a student's record only at the discretion of the university.

You may sign the Student Consent Form if you wish, but this is not required. When completing the form make sure you write the name of the person(s) with whom you wish us to share your records and check off only the information you are willing to release. You may choose to release all or some of this information. It is your decision!

You may also choose not to have any of your information released to anyone, including directory information that is frequently released to outside organizations upon request. If you choose not to have any information released, please see the Office of the Registrar to complete the appropriate paperwork.

Once you have filled out the Student Consent Form, you must bring or send it to the Financial Aid Office, Kinney Hall, room K512, where it will be processed and kept on file.

You can revoke your consent at any time by submitting a written request to the Financial Aid Office. Please feel free to contact the Financial Aid Office at (203) 575-8274 if you wish to discuss these issues in greater detail.

OFFICE OF FINANCIAL AID SERVICES

Student Consent Form

for Parental/Guardian or Third Party Access (Optional)

Name	Please print		
		DOB	
protects the priva		nd Privacy Act of 1974 (FERPA) as amend all records and limits access to the	bet
I understand that to my educations		he individual(s) listed below to have acces	SS
1. Name			
Address (city/sta	ite/zip)		
Telephone (Relationship to student	
2. Name			
Address (city/sta	te/zip)		
Telephone ()	Relationship to student	
By signing this form, I authorize the above named individual(s) to be informed about the following information (check all those that apply):			
□ My l □ Cop	inancial aid information oilling records ies of documentation within choosing not to share infor	my financial aid file mation with my parent or guardian	
`. ·		ds, Counseling Center records, or disability fices and fill out separate release forms in each	ל
I understand tha revoke consent a	•	sign this consent form and that I may	
Student Signatu	re	Date	