



STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS

Isabella Graham Hart School of Practical Nursing
100 Kings Highway South Rochester, NY 14617

Name of Student (Last, First, Middle Initial)	Student ID:	Date:
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The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to their education records. Students may choose to complete and submit this form to the program administrator thereby allowing the release of their education records to specified third parties. Please note that while this form *authorizes* IGH to release education records to third parties, it does not *obligate* IGH to do so. IGH reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the U.S. Department of Education's website at www.ed.gov/policy/gen/guide/fpc/ferpa/index.html.

Instructions for completing this form:

- The form must be fully completed and signed by the student. Student records cannot be released if any section is not filled out entirely.
- Completed forms should be submitted to the Administrative Coordinator or mailed to Isabella Graham Hart School of Practical Nursing 100 Kings Highway South Rochester, NY 14617, or faxed to 585-922-1473. Questions about this form may be directed to the Program Administrator at 585-922-1401

SECTION A. Education records to be released (check all that apply):	
<input type="checkbox"/>	Academic information (grades/GPA, registration, student ID number, academic progress, enrollment status)
<input type="checkbox"/>	Financial Aid Information (awards, application data, disbursements, eligibility, financial aid academic progress status)
<input type="checkbox"/>	Loan Information (School-maintained loan disbursements, billing and repayment history [including credit reporting history], communication history, balances, collection)
<input type="checkbox"/>	Student Account Information (billing statements, charges, credits, payments, past due amounts, collection activity)
<input type="checkbox"/>	All records listed above
<input type="checkbox"/>	Other (please specify): _____
SECTION B. Person(s) to whom access to education records may be provided	
Name(s) of person(s) to whom access to records may be provided (use additional pages if necessary)	
Address(es) of person(s) to whom access to records may be provided	Relationship to student
SECTION C. Duration of release (check one):	
<input type="checkbox"/>	One-Time Use: This authorization can be used only once.
<input type="checkbox"/>	Limited Use: This authorization expires on _____
SECTION D. Purpose of release (check one):	
Family Communications	
Employment	
Admission to an educational institution	
Other (please specify): _____	
I understand that (1) I have the right to not consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Program Administrative Coordinator	
Student Signature	Date
Signature of Parent or Guardian (if under 18)	Date

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.