Student Release of Records
FERPA Authorization Form

BLESSING-RIEMAN
College of Nursing & Health Sciences

Student education records are protected by the Family Educational Rights and Privacy Act (FERPA), which, among other things, requires the College to obtain a student's written consent prior to disclosing information from education records, unless an exception to this rule applies. For a full description of your rights under FERPA, please refer to the Student Handbook.

I, _____ (print name), hereby authorize Blessing-Rieman College of Nursing and Health Sciences to release my education records, as indicated below:

_____ **All Records**. (This includes all items listed below.)

Name: _____   Relationship: _____

Name: _____   Relationship: _____

_____**All Academic/Educational Records** (records include: admissions and registration information, schedule information, assessment test scores, satisfactory academic progress status, residency information, and any other documentation contained in the academic records)

Name: _____   Relationship: _____

Name: _____   Relationship: _____

_____**All Student Account Records** (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, hold information as it relates to parking tickets, library fines, and financial aid repayments and any other accounts receivable information contained in student account records)

Name: _____   Relationship: _____

Name: _____   Relationship: _____

_____**All Financial Aid Records** (records include: status of file, award and disbursement of funds information, satisfactory academic progress status, income information, and any other information contained in the financial aid application or file)

Name: _____   Relationship: _____

Name: _____   Relationship: _____

_____**Instructor/Classroom Records** (records include: attendance, progress reports, clinical performance, test and homework scores if available)

Name: _____   Relationship: _____

_____**Other** (Please specify) _____

Name: _____   Relationship: _____

Although I understand I am not required to release this information, I am giving my consent to Blessing-Rieman College of Nursing and Health Sciences to disclose these records. I also understand that this release remains in effect unless I revoke my consent in writing and deliver it to the Registrar's Office. Such a revocation will not affect disclosures previously made prior to the receipt of the written revocation.

Student Signature: _____   Date: _____   Phone Number: _____