



SIMMONS UNIVERSITY  
 Office of the Registrar  
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 registrar@simmons.edu

## CONSENT TO RELEASE EDUCATION RECORDS

In compliance with the Family Education Rights and Privacy Act of 1974 (FERPA), which is a federal law that protects the confidentiality of student education records, Simmons University cannot release information pertaining to a student's education records to a third party without the prior written consent of the student, except in accordance with law, such as upon receipt of a lawful subpoena or court order.

A student may choose to permit a third party to review information in the student record by completing this Consent to Release of Education Records form. Completed release forms should be submitted to the Registrar's office or uploaded to your My Documents tab on Workday.

*To permit release to additional parties, please complete additional form(s).*

### Student Information – Please Print Clearly:

Student Name: \_\_\_\_\_  
 Simmons ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Release Information To:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Please Release the Following Information:

- |   |  |
|---|--|
| <input type="checkbox"/> Grades/Transcript/Academic Standing* | <input type="checkbox"/> Class Schedule for Current Term |
| <input type="checkbox"/> Attempted/Earned Hours               | <input type="checkbox"/> Payment Information/History     |
| <input type="checkbox"/> Financial Aid                        | <input type="checkbox"/> Contact Information             |
| <input type="checkbox"/> Student's Personal Well-Being        | <input type="checkbox"/> Conduct                         |
| <input type="checkbox"/> Student Travel                       | <input type="checkbox"/> Other: _____                    |

I understand that the above information is protected as confidential under FERPA. By completing and signing this form, I understand that this information will be released to the individual(s) I have identified above and I consent to the release of the information to the individual(s) I have identified. I understand that I have the right to request to inspect any records released pursuant to this Consent to Release of Education Records form. **Unless terminated by the undersigned, this release will remain in effect throughout the student's enrollment at the university.**

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