



Office of the Registrar  
 Administration Building, Room 118  
 263 Alden Street, Springfield, MA 01109  
 Tel: 413-748-3530 Email: [registrar@springfield.edu](mailto:registrar@springfield.edu)

# FERPA Release Form

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records and requires the consent of the student (when 18 or older) or parent/guardian (when student is 17 or younger) prior to Springfield College’s ability to discuss, share, and/or release the contents of the student’s educational record to any third-party. Students may grant or revoke access to part or all of their educational record to any designated individual by properly completing this form. If/when access is granted, Springfield College is able to discuss, share, and release the contents of the approved sections of the student’s educational record to the designated individual until either the student’s departure from Springfield College (i.e. conferral, withdrawal, or dismissal) or the student has revoked access.

Students will need to submit a new form each time they would like to grant, edit, or revoke access from any designated individual. Each submission will become part of a student’s permanent record located in the Office of the Registrar.

**Note:** Additional information, including permissible exceptions, regarding FERPA is available within the *Confidentiality of Student Records* statement in the Disclosure Statements section of the Springfield College Catalog.

\_\_\_\_\_  
 Student Name (Print) \_\_\_\_\_  
 SC ID Number

Please provide all the following details about the designated individual in full to help assist in the validation of the individual’s identity if/when they contact Springfield College. Submitted forms without each field being provided will not be processed.

\_\_\_\_\_  
 Designated Individual’s Name \_\_\_\_\_  
 Relationship to Student (Mother, Father, Guardian, etc.)

\_\_\_\_\_  
 Designated Individual’s Mailing Address (Street Address, City, State, Zip)

\_\_\_\_\_  
 Designated Individual’s Email Address \_\_\_\_\_  
 Designated Individual’s Phone Number

Do you grant this designated individual access to *Academic* data (please circle): YES NO

Do you grant this designated individual access to *Financial* data (please circle): YES NO

I hereby authorize Springfield College to be able to discuss, share, and release the contents of the identified sections of my educational record with this designated individual as indicated above and acknowledge understanding that I can submit a new form to grant, edit, or revoke their access at any point.

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

**\*\*COMPLETED FORMS SHOULD BE SUBMITTED TO REGISTRAR’S OFFICE FOR PROCESSING\*\***