



Student Information Release Authorization

Office of Non-discrimination Initiatives

Mary F. Simeoli, Esq., Director

Flynn Campus Union, Office 228263 Alden St. Springfield, MA 01109

access@springfield.edu p: (413) 748-3248 f: (413) 748-3022

In compliance with the Federal Family Educational Rights and Privacy Act of 1974 (FERPA), Springfield College is generally prohibited from providing certain information from your student records to a third party such as information on grades, invoices, financial aid, requests for services or support and other student record information. This restriction applies, but is not limited to, your parents (under certain circumstances), your spouse, a sponsor, or medical practitioner.

You may, at your discretion, grant the College permission to release information about your student records pertaining to your request for support or accommodation services to a third party by submitting this completed Student Information Release Authorization to the Office of Non-Discrimination Initiatives. The specified information will be made available only if requested by the authorized third party. The College does not automatically send this information to a third party.

Please print all information below:

Student Name (first, middle initial, last)

SCID#

[] AUTHORIZED RELEASE OF INFORMATION – has no expiration date

[] ONE-TIME-ONLY AUTHORIZATION. This allows one-time only release of information on

Date

Consent for release of information is given for any information requested in categories below:

- [] Any Information requested pertaining to student life accommodations
[] Housing information (such as residence hall, room number, accommodation needs, accessibility requests)
[] Dining and Catering (such withdrawal requests, accommodation needs, accessibility requests)
[] Mobility and Transportation (such as accommodation needs, accessibility requests)

Information in the above categories may be released to:

Name: Relationship:

Name: Relationship:

[] REMOVAL OF PRIOR CONSENT for release of information to:

Name (print)

By signing this form, I am authorizing Springfield College to release the information specified to the person(s) listed above, or am revoking a prior authorization. I acknowledge that unless specified under "ONE-TIME ONLY AUTHORIZATION" this authorization has no expiration date, however can be modified at any time by submitting a new written request to the Office of Non-Discrimination Initiatives.

Student Signature

Date