



PARENTAL RELEASE FORM Family Educational Rights and Privacy Act of 1974 (FERPA)

Annually Roger Williams University informs students of the Family Rights and Privacy Act of 1974 (FERPA), as amended and that it fully complies with the various provisions. This Act was designated to protect the privacy of educational records, to establish the rights of students to inspect and review educational records, and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. Students also have the right to file complaints with the Family Policy Compliance Office concerning alleged failure by the institution to comply with the Act. Questions can be referred to the Office of the Registrar.

Institutions may disclose information on a student without violating FERPA if it has designated the information as "directory information". At Roger Williams University, this includes:

- Student Name
- Local Address
- Graduation Honors
- Dates and/or Verification of Attendance
- Verification of Graduation
- Photograph
- Participation in Officially Recognized Activities
- Major Area of Study
- Local Telephone Numbers
- Most Recent Previous Educational Institution Attended
- Expected Date of Graduation
- Degree Program
- E-mail Address

Other information is designated as restricted. In most cases such records will not be released to a third party without written release from the student specifying which records are to be released, and to whom.

AUTHORIZATION TO DISCLOSE ACADEMIC INFORMATION

With regard to parental access: The Guidelines for Postsecondary Institutions for Implementation of the Family Educational Rights and Privacy Act of 1974 as Amended-Revised Edition 1995 states: "At the postsecondary level, parents have no inherent rights to inspect a student's education records. The right to inspect is limited solely to the student." Records may be released only through express written permission by the student or in compliance with a subpoena.

Please sign below and return to the Office of the Registrar if you consent for University officials acting on behalf of RWU to release to your parents (or other named individuals) your educational records.

My signature authorizes Roger Williams University to release information about me during the period I am enrolled. This includes my academic status, classroom conduct, course attendance, grades and other necessary academic information for the sole purpose of assisting me in my efforts to be academically successful. I understand that I have the right to terminate this authorization at any time by providing written notice to the Registrar.

Print Student Name: _____ Student ID# or SSN: _____

Student Signature: _____ Date: _____ Phone #: _____

Student's E-mail address: _____ Major: _____

If parents live at the same address, please list them in #1. If person(s) named below are not your parent(s) check here: _____

1. Name: _____

2. Name: _____

Address: _____

Address: _____

City, State, Zip

City, State, Zip

Phone #: _____

Phone #: _____

Email: _____

Email: _____