

## FERPA CONSENT TO DISCUSS STUDENT PROGRESS

I, \_\_\_\_\_, give my permission to have **Eileen Maguire**, Academic Services Coordinator, to speak with the following people regarding my academic progress:

- \_\_\_\_\_ Professors and Instructors
- \_\_\_\_\_ Academic Advisor
- \_\_\_\_\_ Spiritual Formation and Counseling
- \_\_\_\_\_ Registrar
- \_\_\_\_\_ Counselor/Therapist/Doctor
- \_\_\_\_\_ Parents

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written documents pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which I have waived inspection rights). I understand that I may revoke this consent upon providing written documentation to Academic Services. I further understand that until this revocation is made, this consent will remain in effect and my educational records will continue to be provided to **Eileen Maguire**.

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Student ID: \_\_\_\_\_ Date: \_\_\_\_\_

Duration of Release:

- \_\_\_\_\_ One-time use
- \_\_\_\_\_ Limited use

Expires on: \_\_\_\_\_