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: ____________________