FERPA Consent to Discuss Student Progress

I, ________________________________________ (full name), give my permission to have Danielle Brown, Academic Services Coordinator, 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 Danielle Brown.

Name: __________________________    Signature: __________________________

Student ID: __________________________    Date: __________________________

Duration of Release:

_____ One-time use

_____ Limited use    Expires on: __________________________

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