



1235 University Blvd. Steubenville. OH 43952

Student Name: _____

ID #: _____

RELEASE OF EDUCATIONAL INFORMATION

The Family Educational Rights and Privacy Act (FERPA) provides for the privacy of student educational information. In accordance with FERPA, Franciscan University of Steubenville has designated the following items as directory information, which do not require specific student consent to discuss with a third party, unless the student has notified the Registrar’s Office in writing to the contrary: student name, address, telephone number, email address, major fields of study, dates of enrollment, degrees, awards and honors received, the most recent previous educational agency or institution attended, participation in officially recognized activities and sports, the height and weight of athletic teams members, and photographic images. The University’s full policy on FERPA may be found in the academic catalog.

All other student information is considered confidential and will not be released without the student’s written permission, except where allowed by FERPA. Students who wish to give the University ongoing permission to release confidential information to their parents or other third parties may do so by completing the form below. Confidential information would include grades, academic progress and deficiencies, class attendance, class schedules, financial aid, student billing, and anything else not defined as directory information above. This information will not automatically be released, but is available upon request and at the University’s discretion. Grades are never released over the phone. This consent does not expire, but may be revoked or modified, in writing, by the student at any time.

Please choose one or both of the options below:

I, _____,
(Student name printed here)

hereby grant permission to Franciscan University of Steubenville to release my confidential and personally identifiable educational information to the following persons:

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

hereby revoke any previously given permission to release my confidential and personally identifiable educational information.

Student Signature

Date

Please return to Enrollment Services Counter in Starvaggi Hall, or scan and email to registrar@franciscan.edu

08/27/2018