



**St. Louis College of Pharmacy – Office of the Registrar  
 CONSENT TO DISCLOSE EDUCATIONAL RECORDS**

(In accordance with the Family Educational Rights and Privacy Act, 'FERPA')

FERPA NOTICE: The Family Educational Rights and Privacy Act of 1974 (FERPA) governs the release of records maintained by an institution of higher education and restricts access to such records and requests for information by persons including, but not limited to, parents, guardians, spouses, or others as designated by the student. While exceptions to disclosure may apply, St. Louis College of Pharmacy's (STLCOP) general policy, to ensure student privacy is not to share or disclose any information protected by FERPA without a student's consent indicating what information must be in writing and phone requests will not be accepted at any time.

A student who wishes to allow a release of information contained in the student's educational records must complete this form:

**STUDENT CONSENT TO RELEASE INFORMATION**

I hereby consent to the disclosure of my education records listed below to the following recipient(s). FERPA prohibits access to the released records by anyone other than the designated recipient without student permission. There are exceptions under FERPA that allow a student's education records to be released without consent (Financial Dependent,, certain government officials in order to carry out lawful functions, organizations doing legitimate studies for the school accrediting agencies, individuals who have obtained court orders or subpoenas, persons who need to know in cases of health or safety emergencies, state and local authorities to which disclosure is required by state laws and Directory Information).

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State ZIP

**Email:** \_\_\_\_\_

*\*Users of electronic mail systems should be aware that, in addition to being subject to authorized access, electronic mail in its present form is not secure and is, therefore, vulnerable to unauthorized access and modification by third parties. Confidential information, such as student grades, should not be sent to an unofficial non-STLCOP email account.*

**Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

I give permission to release any checked educational records below. Check all that apply.

- This is a one-time authorization. This authorization will not be maintained for future use.
- This release will not serve as a request for an official transcript (separate form)

***Checked below are the categories of my education records that may be disclosed to the person(s) listed at the end of this form.***

|   |                      |
|---|----------------------|
| My grades and academic standing               | <i>Restrictions:</i> |
| My enrollment and attendance records          | <i>Restrictions:</i> |
| My financial standing with the University     | <i>Restrictions:</i> |
| Records of disciplinary proceedings           | <i>Restrictions:</i> |
| Other education records described as follows: |                      |

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**Recipient Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Recipient Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

***Submit this form in person:*** Registrar's Office, ARB Second Floor, Suite 202.