



Office of the Registrar

100 Ochre Point Avenue • Newport, Rhode Island 02840
Telephone 401-341-2943 • Fax 401-341-2996

PARENTAL RELEASE FORM

POLICY REGARDING RELEASE OF STUDENT RECORDS TO PARENTS

Student Release. Students may authorize the University to provide copies of academic and other notices to parents or guardians when provided to the student. Students who desire this service need only to complete this form and file it with the Office of the Registrar. This authorization will remain in effect until the student provides written notice to the Registrar terminating the service. *If you do not desire parent(s) or guardian to receive confidential information such as grades, you should check the box: "Do not release confidential information to parents."*

Parental Release. According to the Family Education Rights and Privacy Act of 1974, as amended (FERPA), the University may send to parents or legal guardians of dependent students reports of academic progress and disciplinary action *without* student consent. Status as a dependent is determined by the

Internal Revenue Code of 1986, Section 152. In accordance with FERPA, parents or guardians who wish such reports *without* student consent must make written request to the Registrar *and provide evidence* that the parents or guardians declared the student as a dependent on their most recent Federal Income Tax Form. Authorization to provide reports *without* student consent will remain in effect until the parent notifies the Registrar that the service should be terminated, or until evidence is provided to the Registrar that the student is no longer a dependent.

Parents. When access to student information is granted to one parent the University must grant equal access to the other parent upon request, unless presented with a court order or other legally binding document which states otherwise.

AUTHORIZATION TO BE COMPLETED BY THE STUDENT:

I, the undersigned student, do hereby request that any information concerning me be released to the person(s) named below either upon their written request, or when deemed necessary by the Vice President for Academic Affairs or other University officials acting in behalf of the University. My signature authorizes the University to release information about me during the period in which I am enrolled at the University. I understand I have the right to terminate this authorization by providing written notice to the Registrar.

Student Cell Phone: _____

Print Student Name: _____ Date of Birth: ____ / ____ / ____ (Month/Day/Year)

Student Signature: _____ **Date:** _____

- Release confidential information to: Both Parents Father Only Mother Only
 Guardian Do **not** release confidential information to parent(s)

PRINT Name & Address of FATHER or Guardian:

Father's Name: _____
 Number & Street: _____
 City, State, Zip: _____
 Home Telephone: _____
 Cell Telephone: _____
 Email Address: _____

PRINT Name & Address of MOTHER:

Mother's Name: _____
 Number & Street: _____
 City, State, Zip: _____
 Home Telephone: _____
 Cell Telephone: _____
 Email Address: _____

NOTICE: Authorization becomes valid when filed in the Office of the Registrar.