

AUTHORIZATION TO RELEASE EDUCATIONAL INFORMATION TO A THIRD PARTY

| Student Name (Print I | Name) | (CWID) Identification Number |
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| The Family Educational Rights and P information. Such information cann | rivacy Act of 1974 (FERPA), required to anyone other that uses are considered as third party in | s Marist to treat <u>non-directory information</u> as confidential n the student. By FERPA definition, under most conditions, adividuals and are not allowed access to any educational |
| - | | nission to discuss and/or release information pertaining to ined by the Office of Student Conduct. |
| This information may be related to or information are not encompassed in | · | ion. I also understand that financial aid and medical/health |
| I understand that this consent form at any time by informing the Office | - | academic year and that I may revoke the waiver in writing |
| NAME: | RELATION: | Phone Number: |
| NAME: | RELATION: | Phone Number: |
| Limitation of Information to be R | eleased (<u>please check one</u>) | |
| ☐ Release all inform | ation specified above related on | ly to my current case. |
| Release all inform | ation regarding any disciplinary | conduct while a student at Marist University. |
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| Student Signature | [| Pate |