



## FERPA Release Authorization Form

The Family Education Rights and Privacy Act of 1974 (FERPA) states that a student must authorize in writing the release of their educational record. Please complete and sign this form to authorize release of your educational record.

I, \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Student's name

Student Email: \_\_\_\_\_ Student Phone #: \_\_\_\_\_

Authorize the Deputy Title IX Officer/Designee at Holy Cross College, Notre Dame, Indiana to release my name and the general nature of the complaint to:

Deputy Title IX Officer/Designee at \_\_\_\_\_

Other (name, contact information): \_\_\_\_\_

I may share additional information with my home institution at any time. The purpose of this release is to facilitate resources and support. This release of information will be in effect for 6 months from the date of the student's signature below. I understand that I may revoke this release at any time by giving written notice to the Coordinator/Deputy Title IX officer at Holy Cross College, Notre Dame, Indiana. Any further disclosure by Holy Cross College will require an additional written consent form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Student

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent / Legal guardian if student is a minor