

## **FERPA Release Form**

Birthingway College of Midwifery provides for the confidentiality of your student records in accordance with the Family Educational Rights and Privacy Act (FERPA), as amended. You must provide authorization in order for us to be able to discuss your records with your parents, spouse/partner, or other persons/organizations. Please see our current *Student Handbook and Catalog* for more information on your rights under FERPA.

Legal First Name	Legal Middle Initial	Legal Last Name
authorize Birthingway College equest to the individuals and/o		and/or discuss the following student records upon
•	organizations listed b	alow.
I. Please check all that apply:		
Academic Records	(such as grades, satisfac	tory academic progress, transfer credit)
Registration Record	s (such as current enrollr	ment status, previous quarters attended)
Admissions Records	s (such as application do	cuments received, admission status)
Financial Records (	such as tuition and fees	balances, financial holds, statements)
Financial Aid record	s (such as current award	s, eligibility, FAFSA)
Other (please speci	<sup>-</sup> y):	
2. Persons/Organizations Autho	rized:	
Name	Relationship	
Name	Relationship	
Please attach an additional sheet if you wis	sh to add additional persons/org	ganizations.
B. Briefly state purpose of disclo	osure (use back of form f	or more space):
		nired to release my records, I am giving consent to release the ny time by submitting another <i>FERPA Release Form</i> to
Signature		Date
Please complete this section	to cancel previous re	 elease
·	•	
, authorize persons or organizations Midwifery.		cel my previous <i>FERPA Release form</i> . I understand to mit another <i>FERPA Release</i> form to Birthingway College of
	Signature	Date
Office Use Only Received (Date/Time		FAO MPC (file)