

**SAINT JOSEPH'S UNIVERSITY
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
AUTHORIZATION TO RELEASE INFORMATION**

Name of Student: _____ **Student ID:** _____

To the Student: Please complete this form and give it to the Saint Joseph's University department or office which is responsible for the particular record(s) that you identify below. By completing and signing this form, you are giving Saint Joseph's University, through this department or office (or the individual from the department or office you specify), permission to share information from your education records over which they have control. If you are providing more than one office with authorization, a copy of this form should be provided to each.

Department, office, or individual to whom you are providing this authorization:
Office of Student Disability Services

Saint Joseph's University is authorized to release information to:
Faculty and/ or staff

For the following purpose:
To help with academic success

This consent remains in effect until _____
(One year from date signed. FERPA forms must be updated annually in order for accommodation plans to be sent to your professors.)

I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time prior to the above date (or if no date is provided, at any time after signing this authorization), by providing the department, office or individual identified above with written notice of my revocation of this authorization. I understand that, consistent with the Family Educational Rights and Privacy Act (FERPA), my education records are protected from disclosure to third parties and that absent my written consent which I am hereby providing with respect to the above identified records, Saint Joseph's University would not be permitted to disclose the information, unless such disclosure is otherwise permitted under FERPA.

Student Signature: _____ **Date:** _____

I have reviewed my accommodation plan and find it acceptable. _____
(Initial here)