The Family Educational Rights and Privacy Act of 1974 (FERPA) as amended is a federal law which is
designed to protect the privacy of and limit access to the educational records of students. This means
that institutions generally may not provide such information to others unless the student gives
permission, or if the information constitutes “directory information” and the student has not placed a
privacy restriction on disclosing this information.

FERPA specifies that a written consent must:

1) Specify the records that may be disclosed;

2) State the purpose of the disclosure; and

3) Identify the party or class of parties to whom the disclosure may be made.

FERPA further provides that upon request the student is entitled to a copy of the records disclosed.

The University understands that there are occasions when the student wishes to have information
shared with others. To assist students, each ITC department has the option of allowing students to have
FERPA information available in their department released to designated individuals. Some departments
may not provide this service because of legal requirements (e.g., law enforcement or medical records)
or department preference.

The FERPA Release form is located on the reverse side of this form. If a department wants to use the
template, it must be modified, as noted prior to use. The form is to be provided by the campus
department and completed and submitted by the student. These forms are to be retained in the
requested office and must comply with the retention schedule of the related educational record.

Note: This process does not preclude campus departments from providing student information to other
campus departments provided the disclosure is for legitimate educational needs.
Office of Financial Aid

The purpose of the Family Educational Rights and Privacy Act (FERPA) is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of “non-directory information” contained in a student’s university records. I understand that I have the right not to consent to the release of my educational records and I have the right to receive a copy of such records upon request.

Name of Student:________________________________________  ITC ID: ____________________________

(Please Print)

I, the undersigned, hereby authorize The Interdenominational Theological Center to release the following educational records and:

1. ______________________________________________________________________________________

2. ______________________________________________________________________________________

3. ______________________________________________________________________________________

To the following Person/Agency:

Name: ________________________________________________________________________________

Address: _____________________________________________________________________________

_____________________________________________________________________________________

Telephone: __________________________________________________________________________

For the purpose of (e.g., providing a recommendation, providing information about, etc.):

_____________________________________________________________________________________

_____________________________________________________________________________________

I understand that this authorization remains in effect from today through ____ (Month/Year).
I also understand that it will be necessary to send a written request to revoke this authorization prior to the date indicated.

_____________________________________________________________________________________

Student’s Signature ___________________________ Date ________________