



Consent to Release Residential Life Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 prohibits Snow College from releasing certain personally identifiable information from a student's record to a third party (e.g. parent, spouse, etc.) without the student's explicit written consent. This form serves as written consent when properly completed.

Additionally, to protect the student's information from unauthorized individuals, Snow College requires the student to provide a unique *identifier* that will allow the designated third party to access information and services over the telephone or e-mail. The *identifier* should be something that is easily remembered, but something that is confidentially shared between the student and the third party. This *identifier* will remain valid unless authorization is revoked or if a new request is received.

Instructions: Complete this form with all applicable information. **DO NOT SIGN** this form until you are in the presence of an appropriate Snow College Residential Life Office member or Notary Public.

I, _____, _____, _____,
(Student Name) (Snow College ID) (Identifier)

give consent for the Residential Life Office at Snow College to disclose personally identifiable information based on my selection below. Releasable information is noted at <http://www.snow.edu/housing/handbook/ferpa.html>. Please note that we cannot discuss academics or Financial Aid. Grades are NEVER given via telephone or email.

Check ONE:

- I **DO NOT** authorize the release of Residential Life information of any kind to the individual(s) listed below.
- I authorize the release of all Residential Life information, including disciplinary items, to the following individual(s) listed below.
- I authorize the release of Residential Life information regarding the contract and/or finances, **but do NOT want any disciplinary items** released or discussed with the individual(s) listed.

I also understand that the individuals listed below who request information in person are REQUIRED to provide picture ID. By indicating an email address below the Residential Life Office may correspond via email.

Snow College Residential Life may release my information to the following individuals:

Name:	Relationship:
Email Address:	Phone Number: () -

Name:	Relationship:
Email Address:	Phone Number: () -

Name:	Relationship:
Email Address:	Phone Number: () -

- I certify this request was signed voluntarily and I understand that it will be in effect until revoked **in writing**.

Student Signature: _____ **Date:** _____

- Witnessed by Residential Life Office Official (NOT a leader in a Residential Life building)

Witness Signature: _____ **Date:** _____

NOTARY PUBLIC INFORMATION: If you are NOT completing this form in the presence of a Snow College Official as constituted above, this form must be notarized. This ORIGINAL notarized form must be submitted to the Registrar's Office in order to be valid.

Notary Public: _____ State of: _____

My Commission Expires: _____ County of: _____

Date: _____

SEAL