

McPherson College  
FERPA Student Authorization Release Form

Release of Student Educational Records to Parent(s) and /or Others

A consent releasing confidential information to parents (this form) must be on file in the Registrar's Office in order to discuss the student's academic progress, billing, disciplinary and/or financial aid information. Grades can be accessed from the student's Bulldog Connect account by obtaining from the student their login/password. Grades can be viewed online as soon as they are posted at the end of the term by the faculty member. The Registrar's Office only has access to grades after being posted on Bulldog Connect. Student schedules and financial status may also be accessed using the student's online account.

This request becomes a permanent part of the student's record until the student instructs the Registrar's Office at McPherson College differently by updating their FERPA Student Authorization Release Form. I further agree to release McPherson College and officers, employees, agents, and successors, to the maximum extent permissible under law, from all claims and liabilities for damages, known or unknown, that may result from compliance with this authorization and release.

I **authorize** release of the following information as marked below to my parent(s) as listed below and/or those specified below. Please provide full, current information. **This option is highly recommended for students whose parents are paying their bills.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Academic     Billing     Disciplinary     Financial Aid

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Academic     Billing     Disciplinary     Financial Aid

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Academic     Billing     Disciplinary     Financial Aid

BY SIGNING BELOW, I UNDERSTAND AND AGREE WITH THE CONTENTS OF THIS CONSENT AND RELEASE. I FURTHER UNDERSTAND THAT THIS IS A LEGALLY VALID AND BINDING OBLIGATION TO RELEASE CERTAIN PARTIES FROM ALL KNOWN AND UNKNOWN CLAIMS.

Signature of student \_\_\_\_\_

Printed name of student \_\_\_\_\_

Student ID # \_\_\_\_\_ Date of document signing \_\_\_\_\_

If you are granting release education records, this document must be signed and dated.

Please return to the Registrar's Office: Mohler Hall, Dean's Suite

Mail - 1600 E Euclid Street, McPherson, KS 67460