



Concordia Theological Seminary
 6600 N. Clinton St.
 Fort Wayne, IN 46825

**FERPA Form for Student
 Consent to Release Information**

The Family Educational Rights and Privacy Act of 1974 (FERPA) is a federal law which protects the privacy of a student's educational records. Educational records created and maintained by Concordia Theological Seminary (CTS) do include personally identifiable information. In accordance with FERPA, it is necessary for CTS to obtain written consent from the student in order to release student information to a third party.

Please Note: A parent or spouse of a student is advised that information contained in educational records, except as may be determined to be Directory Information, will not be disclosed to him/her without the prior written consent of the son, daughter, or spouse.

Directory Information includes the student's name, home and school addresses, home and school telephone numbers, electronic mail address, date and place of birth, degree program, dates of attendance, and degrees earned.

Student's Name: _____ **Student ID #:** D000

This consent is valid until you, the student, rescind the permission in writing.

I authorize the release of the following (select all that apply):

Release of Student Academic Information

I hereby grant permission to the Registrar's Office to release grades/GPA, class registration, and academic progress.
Please note: Enrollment verifications and student loan deferments require the student to submit the Enrollment Verification Form or Loan Deferment form separately to the Registrar's Office. This release does not cover those requests.

Release of Student Account Information

I hereby grant permission to the Accounting Office to release information regarding my student account (billing statements). Billing statements may include charges for tuition, fees, residence hall (room/board), student health insurance, payments, etc.

Release of Student Financial Aid Information

I hereby grant permission to the Financial Aid Office to release any information regarding my financial aid, scholarship(s), and federal student loan(s).

I authorize CTS to release the information indicated above to the following individuals:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I understand that this release covers transactions from all dates in my student records. I also certify that the signature below is my signature and understand that forgery on this document will result in penalties to the perpetrating parties.

 Student's Signature

 Date

Please return completed form to one of the following:

Accounting Office Cashier, Dean of Students Office, Financial Aid Office, or Registrar's Office.

An additional FERPA Form for Student Consent to Release Information will be requested when the student begins his Vicarage or Internship.