



Amherst College
 Office of the Registrar
 101 Converse Hall
 P.O. Box 5000
 Amherst, MA 01002

AUTHORIZATION TO RELEASE INFORMATION

Student consent for Educational Records to be released to indicated individuals.

Student Name	
Student ID	
Authorized Individuals	

PLEASE READ:

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits Amherst College and its representatives to disclose the information specified below to the above named individuals.

This consent shall be unless/until modified or rescinded in writing by the student. The individuals indicated above are expected to not disclose the specified information to third parties without the student's authorization.

INFORMATION TO BE RELEASED The following information from my records at Amherst College may be released to the above specified persons:

	Grades and Academic Standing
	Academic Information
	Discipline Records
	Tuition and Fees Status
	Other, Please Specify:
	All Records and Information

I have read and understand the contents of this consent form pertaining to the Family Educational Rights and Privacy Act of 1974.

Student Signature	
Date	

Return completed form to Office of the Registrar or scan and email to registrar@amherst.edu.

[For more information pertaining to FERPA, see the Student Code of Conduct, Section 19: Student Records.](#)