

## College of Art & Design

## FERPA Release Form

Forward Completed Form To: Virginia Marti College of Art and Design Deborah Marti, Registrar 11724 Detroit Ave. ~ P.O.Box 580 Lakewood, OH 44107 Fax: 216.228.9739 , Student Social Security# \_\_\_ (Last four digits) Direct Virginia Marti College of Art and Design to release my student record information as specified below: (Please specify how you would like your record information delivered by checking the appropriate box(es) below and completing the associated information) By Mail to Third Party By Phone/In Person to Third Party My student record information should be send via Mail to: My student record information should be released via Phone/ In person to: Name: Name: Company (if applicable): Company (if applicable): Address: Address: City/State/Zip: City/State/Zip: \*SECURITY PASSWORD: By Fax transmission to Third Party By Fax transmission to Student My student record information should be sent via Facsimile Name: Student Fax Number: Third Party Fax Number: Address: City/State/Zip: I understand that the student record information provided may include, but is not limited to: Directory Information, Non-Directory Information, and/or relevant financial information (including Federal aid related information). I understand and agree that by signing this authorization, I am waiving my rights of nondisclosure of my student records under the Family Educational Rights and Privacy Act (FERPA) as to the persons or entities specifically listed herein. I hereby release and hold Virginia Marti College of Art and Design exempt from any and all claims and liabilities that may arise from my instructions, including unauthorized viewing of my student information by unintended recipients of mail or fax transmissions. This executed FERPA Release Form will be retained in my student records and will be effective until I notify Virginia Marti College of Art and Design, in writing, of a change.

\*In order for your record information to be released over the phone or in-person to a third party, you must create a Security Password and share this word with the third party. The third party will be asked to confirm the Security Password before your record information will be released over the phone or in-person. Additionally, photo identification will be required prior to information being released to a third party in-person.

Date

Student Signature

PLEASE RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS.