

Application Questionnaire Form

FERPA Release Form for Study Abroad

Applicant Name:
Program:
Term of Study:

⚠ WARNING: Please remember to save your responses frequently, as your session will time out after 240 minutes.

FERPA Release Form for Study Abroad:

Instructions:

The FERPA Release Form is the Family Rights and Privacy Act of 1974. FERPA provides for the confidentiality of student educational records at Fairfield University. Fairfield University may not disclose information in a student's educational records to anyone without the permission of the student, unless disclosure is permitted by an exception set forth in FERPA, 20 U.S.C.A., Sec. 1232 et seq. By completing and signing this form, you the student are granting permission to Fairfield University officials to disclose and/or discuss the following:

(*) Indicates the question is required.

1. Consent for information to be shared: (*)

Please select each statement indicating if you consent for that information to be shared with the party authorized below:

the contents of your academic records, which includes grade reports, transcripts, registration and graduation records
the contents of your disciplinary/student conduct records
the contents of your financial records including financial aid, financial assistance, financial statements, billing information

3. Authorized Party (1) Relationship/Organization: (*)

4. Authorized Party (1) Email Address: (*)

5. Authorized Party (1) Phone: (*)

6. Authorized Party (2) Name: (*)

7. Authorized Party (2) Relationship/Organization: (*)

8. Authorized Party (2) Email Address: (*)

8. Authorized Party (2) Email Address: (*)

9. Authorized Party (2) Phone: (*)

10. This release will remain in effect as follows: (*)

Please select one of the following options.

Option 1 - This release will remain in effect from ____ (mo/day/year) to ____ (mo/day/year)

Option 2 - This release will remain in effect for one year (12 months) from the date of my signature below, unless I revoke such consent in writing, which I may do at any time.

11. Option 2 - This release will remain in effect: Start Date

If you selected option 2 from the question above, please provide the effective start date. Otherwise skip this question.

mm/dd/yyyy

12. Option 2 - This release will remain in effect: End Date

If you selected option 2 from the question above, please provide the effective end date. Otherwise skip this question.

mm/dd/yyyy

You may enter information on this form and use the **Save** button to keep your information until you are ready to submit it. **Please note that your application questionnaire is not considered complete and cannot be reviewed until you click the **Submit** button to finalize your responses.**