



**THE NORWALK
CONSERVATORY**
OF THE ARTS

OFFICE OF THE REGISTRAR

FERPA RELEASE OF INFORMATION FORM

I, [_____], hereby authorize the release of my education records to the following individual(s):

Name:
Relationship to Student:

Name:
Relationship to Student:

I understand that the Family Educational Rights and Privacy Act (FERPA) protects the privacy of my education records, and I am voluntarily granting permission for the designated individual(s) to access and receive information pertaining to my academic records.

I acknowledge that the designated individual(s) listed above may request information including, but not limited to, grades, transcripts, class schedules, and any other educational records deemed relevant. This authorization is valid until [specific date or duration, if applicable], at which point it will automatically expire unless revoked in writing by me.

I am aware that FERPA generally requires written consent for the release of education records, and I willingly provide this consent in accordance with the law. I understand that this authorization does not grant access to confidential counseling or medical records, which may require a separate release.

Student's Signature: _____

Date: _____