



## Family Educational Rights and Privacy Act

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA give parents certain rights with respect to their children’s education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. This information can be found on the Department of Education’s website ([www.ed.gov/policy/gen/guid/fpco/ferpa/students.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/students.html)). Schools may disclose, without consent, “directory” information, such as a student’s name, address, telephone number, date and place of birth, honors and awards, and dates of attendance unless a student requests a “directory hold.”

Rocky Mountain College asks that each student fill out a FERPA form indicating a waiver of their rights so that staff and faculty can speak to parents or other individuals that the student identifies on the form. A student also has the right to indicate that they do not waive their FERPA rights, thus not giving permission for staff and faculty to share their academic information.

### To allow others access to your educational information:

Please complete this section to waive your rights under the Family Educational Rights and Privacy Act to be the only party to access information concerning the following:

- The right to see the information that the institution is keeping on me as a student;
- The right to seek amendment to those records and in certain cases append the statement in those records; and
- The right to consent to disclosure of my records.

I, \_\_\_\_\_, waive my rights as stated above and give permission to have information made available to the following individuals:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

### To prevent the disclosure of your educational information to others:

Please complete this section if you do not wish to waive your rights under the Family Educational Rights and Privacy Act.

I, \_\_\_\_\_, do not waive my rights under the Family Educational Rights and Privacy Act and understand I will be the only one that will be able to access my information.

Student’s signature \_\_\_\_\_

Social Security number \_\_\_\_\_ Date \_\_\_\_\_

For more information about the Family Educational Rights and Privacy Act, please contact the Office of Student Records at 406.657.1030.