

## The Offices of Academic Advising, Engineering Advising & Academic Support Student Information Release Authorization

In compliance with the federal Family Educational Rights & Privacy Act of 1974, Johns Hopkins University is prohibited from providing non-directory information from your student records to a third party without your prior consent. Directory information may be disclosed without your consent (unless you have requested non-disclosure). Directory information: Name, Local, Home & Email Address, Phone Number, Date & Place of Birth, Names of Parents & Spouse, Major Field of Study, Participation in Officially Recognized Activities & Sports, Dates of Attendance, Hopkins ID, Degrees & Awards Received & Pertinent Dates, Honors, Photograph, Classification & Level of Study.

FERPA policy details: <http://web.jhu.edu/registrar/FERPA>

This restriction applies, but is not limited, to your parents, your spouse, or a sponsor. You may, at your discretion, grant the University permission to release information about your student records to a third party by submitting a completed Student Information Release Authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The University does not automatically send information to a third party.

This form allows third parties to access student record information from the Office of Academic Advising and/or the Office of Engineering Advising. Submit your completed form to the Office of Academic Advising or the Office of Engineering Advising, both located in the Wyman Park Bldg.

### Requested By (Student)

### Release To (Third Party)

Full Legal Name \_\_\_\_\_  
 Hopkins ID \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

Full Legal Name \_\_\_\_\_  
 Contact # \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Affiliation/Relation \_\_\_\_\_

Purpose of Release \_\_\_\_\_

Please answer two security questions from the drop-down lists. The individual that you are granting authorization to will be required to answer both security questions to verify your authorization. You, as the student, need to inform them of your security questions and answers.

Security Question 1 \_\_\_\_\_  
 Answer 1 \_\_\_\_\_

Security Question 2 \_\_\_\_\_  
 Answer 2 \_\_\_\_\_

By checking the box you grant authorization of the following to be released/discussed to the individual noted above (select all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Academic Standing Information (including academic probation & dismissal)<br><input type="checkbox"/> Academic Support Services Usage<br><input type="checkbox"/> Communications from Faculty<br><input type="checkbox"/> Communication from JHU Offices<br><input type="checkbox"/> Communication with Staff (email, phone & in-person) | <input type="checkbox"/> Scholarship and Fellowship Information<br><input type="checkbox"/> Class Attendance/Participation<br><input type="checkbox"/> External Credits Information<br><input type="checkbox"/> Grades & Grade Point Average (GPA)<br><input type="checkbox"/> Staff Insights about Student or Situation<br><input type="checkbox"/> <b>All Available Information</b> |
|--|---|

#### Disclosure Date Information (select one)

*Unless otherwise noted, this release is valid for the academic year and expires on the last day of classes in the spring term.*

Date Range: From \_\_\_\_\_ - To \_\_\_\_\_  Release Once Only

There are several members in each office. Please indicate below who has authority to release your information to the person noted above.

Any Professional in Academic Advising, Engineering Advising, or Academic Support  Only \_\_\_\_\_ (First & Last Name)

#### Final Authorization

I understand that by signing this authorization, and intending to waive my right of confidentiality, I am consenting to the release of education records listed to the person's specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent or as permitted by law. I agree to release, indemnify, and hold harmless The Johns Hopkins University, its employees, officers, and agents, from all liability, damages and costs of whatever kind which may result on account of the University's compliance, or any attempts to comply, with this authorization.

Print Name \_\_\_\_\_ Signature (please print to sign) \_\_\_\_\_ Date \_\_\_\_\_

#### Revoke Authorization (to revoke a prior authorization)

By signing below, I hereby revoke any prior authorization for the Office of Academic Advising and/or the Office of Engineering Advising, Johns Hopkins University to disclose my education record information with the individuals listed above, effective immediately. Such revocation shall not affect disclosures previously made by The Johns Hopkins University prior to the receipt of this revocation.

Print Name \_\_\_\_\_ Signature (please print to sign) \_\_\_\_\_ Date \_\_\_\_\_