



Release of Information Form

STUDENTS: The Family Educational Rights and Privacy Act (1974) protects the privacy of student records. Under the Act, a student may inspect and review their education records, may seek to amend those records, and may limit disclosure of information from those records. There are strict limits on who else may have access to a student's records. Complete this form to authorize Trinity College employees to confirm or provide additional information related to the student records as selected on the form. A copy of the completed form will be made available in Document Tracking on your My Pulse account.

FACULTY/STAFF: If an inquiry contains any non-directory information (i.e. financial information, disciplinary status, ethnicity, gender, GPA, test scores, grades, standardized test scores, marital status, religion, citizenship, etc.) then a written authorization is required. This includes recommendations being sought by educational institutions including professional school admissions services, employers, or other individuals.

DIRECTORY INFORMATION: The College defines directory information as the following: student's name, address, telephone number, e-mail address, dates of attendance, previous institutions attended, major(s); degrees and awards received, honor's conferred (including dean's list), degree candidacy, status (full or part-time), and date of birth. Directory Information can be included in a release of student information without a student's written authorization.

NON-DIRECTORY INFORMATION can be included in a release of information only with documented student consent.

Student Name

Date of Birth

E-mail

Phone

- I hereby give permission to:**
- Portage Learning and Geneva College to release academic information (including grades and transcripts) to Trinity College
 - All Trinity College Employees OR
 - Only staff listed below

To disclose the following non-directory information items in a release of information:

- Academic Information (including grades, GPA, attendance, clinical performance, etc.)
- Financial Information (including financial aid information, account information, billing, payment history, etc.)

The employees designated above may speak to:

Fill in the names of specific individuals or organizations, and/ or check the boxes below as appropriate.

Name

Relationship

Email Address

Phone

Name

Relationship

Email Address

Phone

- Any potential employer
- Any scholarship granting committee
- Any educational organization
- Other (please specify) _____

Signature

Date