

Saint Joseph's College
Office of the Registrar

ACCESS TO EDUCATION RECORDS FORM

Name: _____

Date: _____ Student ID No./SS# _____

Please complete this form and return it to the Registrar's Office on the ground floor of St. Joseph's Hall.

I have read the information at www.sjcme.edu/academics/FERPA.htm, and request that you take the following action concerning access to my educational records at Saint Joseph's College:

Signature: _____

Please Check One

(for your convenience, we recommend that you do not block access to directory information. For more information, read the "Release of Directory Information" that appears on the other side of this form)

FULL ACCESS

- **YES**, The College should release Directory Information
- **YES**, The College should release Academic Information to my Parents

NO ACCESS

- **NO**, The College should not release Directory Information
- **NO**, The College should not release Academic Information to my Parents (*applies only to independent students*)

PARTIAL ACCESS (A)

- **NO**, The College should not release Directory Information
- **YES**, The College should release Academic Information to my Parents

PARTIAL ACCESS (B)

- **YES**, The College should release Directory Information
- **NO**, The College should not release Academic Information to my Parents (*applies only to independent students*)