



Birthingway College of Midwifery

12113 SE Foster Road, Portland, Oregon 97266 503-760-3131

FERPA Release Form

Birthingway College of Midwifery provides for the confidentiality of your student records in accordance with the Family Educational Rights and Privacy Act (FERPA), as amended. You must provide authorization in order for us to be able to discuss your records with your parents, spouse/partner, or other persons/organizations. Please see our current *Student Handbook and Catalog* for more information on your rights under FERPA.

Legal First Name	Legal Middle Initial	Legal Last Name
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I authorize Birthingway College of Midwifery to release and/or discuss the following student records upon request to the individuals and/or organizations listed below:

1. Please check all that apply:

____ Academic Records (such as grades, satisfactory academic progress, transfer credit)

____ Registration Records (such as current enrollment status, previous quarters attended)

____ Admissions Records (such as application documents received, admission status)

____ Financial Records (such as tuition and fees balances, financial holds, statements)

____ Financial Aid records (such as current awards, eligibility, FAFSA)

____ Other (please specify): _____

2. Persons/Organizations Authorized:

Name _____ Relationship _____

Name _____ Relationship _____

Please attach an additional sheet if you wish to add additional persons/organizations.

3. Briefly state purpose of disclosure (use back of form for more space):

I acknowledge by my signature that, although I am not required to release my records, I am giving consent to release the information. I understand that I can cancel this request at any time by submitting another *FERPA Release Form* to Birthingway College of Midwifery.

Signature Date

Please complete this section to cancel previous release

I, _____, hereby cancel my previous *FERPA Release form*. I understand to authorize persons or organizations in the future, I must submit another *FERPA Release form* to Birthingway College of Midwifery.

Signature Date

<p>Received (Date/Time/Initial) Route in this order please:</p> <p>____ REG (Database Alert) ____ FIN ____ FAO ____ SPC ____ MPC ____ LPC (Original to student file)</p>
