UNIVERSITY OF
South Carolina
College of Nursing

Student Information Release Authorization

In compliance with the Family Educational Rights and Privacy Act (FERPA), the College of Nursing is prohibited from providing certain information from your student records to a third party, such as information on grades, health information and other student record information. This restriction applies, but is not limited to your parents, your spouse, or a sponsor.

You may, at your discretion, grant the College of Nursing permission to release information about your student records to a third party by submitting a completed Student Information Release Authorization to the Office of Academic Affairs. The specified information will be made available only if requested by the authorized third party. The College of Nursing does not automatically send this information to a third party. Authentication of a caller will be required before release of this information by telephone via a password that you will provide.

NOTE: For the third party designee you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student record. This means that the College of Nursing will release this information to the specified parties even if you have generally prohibited the disclosure of directory information in your student record.

**If mailing, faxing, or emailing this form, include a clear copy of the student's USC ID number for verification.

This is a one-time use form. A new signed and dated form is required each time a request for the release of information is made.

Section A: Student Information	
Name (Last, First, Middle Initial)	USC ID Number
Current mailing address	Daytime phone number ( )
	USC Student email address
Section B: Third-party Designee	
Name (Last, First, Middle Initial) or Agency	**Relation to Student**
Current mailing address	Daytime phone number ( )
Password	E-mail address
Section C: Type of Information to be Released	
<u>Any information requested in the categories below:</u>	Please check one or more of the boxes below to grant authorization:
Grades/GPA, demographic, enrollment, academic progress status and other information related to academics	
Clinical Health Information – health information results and/or status	☐

_____   _____
Student Signature   Date