



Benjamin Franklin Institute of Technology  
Office of the Registrar

**FERPA Release Form**

Student Name: \_\_\_\_\_ (Print)

Please provide your First, Middle Initial and Last Name

FERPA: The Family Educational Rights and Privacy Act (FERPA) of 1974 establishes the rights of students with regards to educational records. The act makes provision for inspection, review and amendment of educational records by the students and requires, in most instances, prior consent from the student for disclosure of such records to third parties. The consent must be in writing, signed and dated by the student and must specify records to be released, reason for release and the names of the parties to whom such records shall be released. The act applies to all persons formerly and currently enrolled at the educational institution. Access to educational records does not give permission to make changes to the student's records.

For more information visit: <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

When a student reaches the age of 18 or begins attending a postsecondary institution, regardless of age or dependency status, FERPA rights transfer from the parent/guardian to the student. A student wishing to waive FERPA rights and share otherwise protected information with others must complete a FERPA Release Form.

Person(s) to whom information may be released (Please print clearly)	Relationship to student (Mother, Father, Counselor, Sibling, Partner)

I understand the rights provided to me by the Family Educational Rights and Privacy Act and have made the decision to waive those rights to the individuals named above. I also understand that this waiver will remain in effect while enrolled at Benjamin Franklin Institute of Technology unless I rescind this waiver in writing.

I understand that, in order for Benjamin Franklin Institute of Technology to disclose personally identifiable information from my educational records to anyone other than myself, I must provide consent.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please return this form to the follow:  
Benjamin Franklin Institute of Technology  
Office of the Registrar  
41 Berkeley Street ~ Boston, MA 02116  
(617)588-1398 ~(617)482-3706 (F)  
[registrar@bfit.edu](mailto:registrar@bfit.edu)  
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