



SIMMONS UNIVERSITY  
Office of the Registrar  
300 The Fenway, Boston, MA 02115  
Tel 617.521.2111 Fax 617.521.3144  
Information Release Form

Current Name: \_\_\_\_\_

Name During Attendance: \_\_\_\_\_

Simmons ID #: \_\_\_\_\_

Approximate Dates of Attendance: \_\_\_\_\_

Degree Earned (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### GENERAL INFORMATION

FERPA is a federal law that governs and protects your rights to your individual educational records. As a student over the age of 18 years or enrolled in a post-secondary institution, your primary rights under FERPA are:

- The right to review and inspect your educational records;
- The rights to have your educational records amended or corrected;
- The rights to control disclosure of certain portions of your educational records.

You can find more information about FERPA on the U.S. Department of Education's website at <http://www.ed.gov/policy/gen/guid/fpc/ferpa/index.html>

### PERMISSION TO RELEASE

I hereby give the Registrar's Office at Simmons University permission to release my information to the third party listed below. I will hold Simmons University free of liability for the exchange of this information and any other reasonable and necessary information to the employment process.

Name of Third Party: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

My signature below indicates that I have read and understand this agreement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_