



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 # or Social Security #: _____

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:

- Your right to review and inspect your educational records;
- Your rights to have your educational records amended or corrected;
- Your 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/fpco/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: _____