



## Authorization to Release Information

The Family Educational Rights and Privacy Act of 1974, better known as the Buckley Amendment, protects the privacy of students' academic, social, and financial records and generally allows students the right to access those records. Legally, at the age of eighteen, a student carries full adult rights and responsibilities. The College normally communicates directly with students.

There is, however, an exception. According to the IRS, information may be divulged to the parents of financially dependent students without the students' consent [34 C.F.R. 99.31(a) (8)]. Information pertaining to a specific student may also be disclosed without the student's consent in a health or safety emergency.

Because so many students are financially dependent and parents request academic/social information, the College requires that each student indicate his/her wishes to uphold or waive his/her rights under the Privacy Act. This form benefits both you and the college. Please return the completed, signed form to **Thomas College, Student Affairs Office, 180 West River Road, Waterville, ME 04901.**

I, \_\_\_\_\_, hereby authorize Thomas College to release information to the person(s) whose name(s) appear below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different than student's): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Academic/Grades: Yes No Financial: Yes No  
Social/Disciplinary: Yes No Health: Yes No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different than student's): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Academic/Grades: Yes No Financial: Yes No  
Social/Disciplinary: Yes No Health: Yes No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different than student's): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Academic/Grades: Yes No Financial: Yes No  
Social/Disciplinary: Yes No Health: Yes No

Please note that unusual circumstances may require the College to contact parent(s), legal guardian(s) or other contact(s) listed above.

\_\_\_\_\_  
Student's Signature (if under the age of 18, parent or guardian must sign below)

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

\_\_\_\_\_  
Parent or Guardian's Signature (if student is under the age of 18)

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

**In the event that you wish to change this release, you must submit a new form to the Student Affairs Office.**