

## **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**.

| Name:  | Relationship:                   |               |                   |               |          | Email:                              |  |
|--|---------------------------------|---------------|-------------------|---------------|----------|-------------------------------------|--|
| Mailing Addre                                  | ess (if different than studen   | t's):         |                   |               |          | Phone No.:                          |  |
|  | Academic/Grades:                | Yes           | No                | Financial:    | Yes_     | No                                  |  |
|  | Social/Disciplinary:            | Yes           | No                | Health:       | Yes      | No                                  |  |
| Name:  |                                 | Relationship: |                   |               | Email:   |                                     |  |
| Mailing Addre                                  | ess (if different than student  | t'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 contact(s) li                      |                                 | ances m       | ay require the    | College to co | ontact p | parent(s), legal guardian(s) or oth |  |
| Student's Signa                                | ature (if under the age of 18,  | narent or g   | uardian must sign |               | ate:     |                                     |  |
| um s sign                                      | (-1 ander are age 01 10, )      |               | 2 11 31611        |               | ate:     |                                     |  |
| Parent or Guard                                | dian's Signature (if student is | under the     | age of 18)        |               |          |                                     |  |

In the event that you wish to change this release, you must submit a new form to the Student Affairs Office (AD-127).