



**FERPA
Student Education Record Release Form**

I, _____, Student ID # _____
(Student Name - PRINT CLEARLY)

By signing this form I hereby give permission to Dominican College to discuss my Education and Financial records with the following individual(s):

NAME	RELATIONSHIP

Note: This consent does not cover medical records which are held by the Student Health Office.

	I can be claimed as a dependent on my parent's tax return
--	---

The information will be released with my FULL CONSENT. I understand this release authorization remains in effect until I submit a written request to revoke it.

STUDENT SIGNATURE

DATE

Please return the completed form to the Registrar's Office