

Student's Name _____

Excelsior College ID# _____

EXCELSIOR COLLEGE STUDY ABROAD STUDENT PRIVACY RELEASE

Excelsior College complies with the Family Educational Rights and Privacy Act which requires that institutions limit disclosure of information from student's records to third parties.

I authorize Excelsior College to release any information about my financial and academic records, which includes receipt of transcripts, content of transcripts, classification of courses towards the Excelsior College degree, remaining requirements for the Excelsior College degree, billing and financial aid information and other confidential academic information.

Name or Title of individual(s) to whom disclosure may be made:

(If you want parents to have access to this information, please include them)

1. Chaya Leah Smolen, Naomi Ullman, my personal TTI advisor, _____
2. _____
3. _____

This disclosure of information is for the purpose of providing advisement service toward my academic progress and financial account.

Name of Student (print or type): _____

Signature of Student: _____

Student ID# (SSN): XXX-XX-_____

Date: _____

The release of this information is controlled by the **Family Educational Rights and Privacy Act of 1974 as Amended** (Buckley Amendment). Any disclosure of Education Records authorized under this Policy (whether with or without student consent) shall be made on the conditions that the recipient shall not re-disclose the Education Records without the student's written consent or authorization as required herein, and shall not permit or condone any unauthorized use.