

IMMACULATA UNIVERSITY

FERPA: SHARE CONFIDENTIAL INFORMATION REQUEST

Student's Name: \_\_\_\_\_

Student ID#/SSN: \_\_\_\_\_ / \_\_\_\_\_

I was claimed as a dependent on my parent's most recent tax return.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I know that the Family Educational Rights and Privacy Act of 1974 as amended (FERPA) protects the privacy of my student education records and limits access to the information contained in those records.

I have indicated below the individual(s) who may have information from my educational records:

(1) Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

PLEASE BE CERTAIN TO INITIAL ALL THAT APPLY

1) If they ask, I want the above named individual(s) to be informed about (initial all that apply):

- \_\_\_\_\_ My grades and academic standing
- \_\_\_\_\_ My enrollment and attendance records
- \_\_\_\_\_ My financial standing with the University
- \_\_\_\_\_ Results of disciplinary proceedings of which I was a party

\_\_\_\_\_ 2) Please inform the above named individual(s) if the University becomes aware of my being hospitalized or treated for any emergency or life-threatening medical or psychological condition.

\_\_\_\_\_ 3) Please inform the above named individual(s) if someone at the University becomes concerned about me (missing classes, disruptive or erratic behavior, etc.).

\_\_\_\_\_ 4) I have listed below other information the above named individual(s) may obtain.

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I understand that this request will remain on record until such time that I submit a written request to have it removed, and that the University will not be liable for any adverse results that may occur by following these instructions.

\_\_\_\_\_ Date

\_\_\_\_\_ Student's Signature

\_\_\_\_\_ Print Name

Return to: Janice B. Bates  
Registrar  
Immaculata University  
P.O. Box 634  
Immaculata, PA 19345-0634