



ST. JOSEPH'S COLLEGE OF NURSING  
at St. Joseph's Health Hospital  
206 Prospect Avenue Syracuse NY 13203

**EDUCATION RECORDS RELEASE FORM**

The Family Educational Rights and Privacy Act (FERPA) requires the College of Nursing to release detailed information to only the student, as rights transfer from a student's parents to the student when attending a postsecondary institution.

\* FERPA does permit a school to disclose a student's education records to his or her parents if the student is a dependent student under IRS laws.

The student may, however, voluntarily waive their privacy rights to the person(s) they choose to authorize in the statement below. By completing this form, the named person(s) will have the ability to obtain information regarding the student's educational/financial aid files.

I, \_\_\_\_\_, hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA) by authorizing St. Joseph's College of Nursing to share any requested information concerning my education records including admission, registration, academics, financial aid, immunization records and student account information with the following:

- \_\_\_\_\_  
Individual Name(s) Relationship (i.e. parent, spouse, sibling, friend, mentor)
- Le Moyne College
- Outside scholarship certifications
- I **do not** allow the release any educational records other than to myself.

I understand my enrollment status will automatically be shared electronically via the National Student Loan Database (NSLDS) and the National Student Clearinghouse, as applicable.

This authorization is valid for the entire time I am enrolled at St. Joseph's College of Nursing including three years after the last date of attendance.

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

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

Date \_\_\_\_\_

Please complete, sign and submit this release form. If emailing this in, it must be sent in from your sjhsyr.edu email address. It can be emailed to: [financialaid@sjhcon.edu](mailto:financialaid@sjhcon.edu)