Family Educational Rights and Privacy Act
Consent to Release Information

I, ______________________, give permission to faculty/staff at The Christ College of Nursing and Health Sciences to speak to the following individuals and/or allow these specific individuals to review the following identified academic and/or non-academic records.

List the specific individuals to give permission, and check the type of information that can be released (check all that apply):

1) Name: ________________________________  Relationship: ______________________
   Phone Number: ____________________  Unique Codeword: ______________________
   __ Grades and other academic performance indicators
   __ Financial Aid and scholarship information (including Tuition Benefit Agreement)
   __ Disciplinary/behavioral
   __ Other (please be specific): ___________________________________________________

2) Name: ________________________________  Relationship: ______________________
   Phone Number: ____________________  Unique Codeword: ______________________
   __ Grades and other academic performance indicators
   __ Financial Aid and scholarship information (including Tuition Benefit Agreement)
   __ Disciplinary/behavioral
   __ Other (please be specific): ___________________________________________________

IMPORTANT: The individual must be able to provide the valid unique codeword you included above before we will discuss your information, or present in person positive ID to our satisfaction.

All information specified above is limited to the following date range (note the end date listed is the expiration date when specified individuals have access to protected information). If end date is left blank then last date of attendance will be used:

   Start: ____ / ____ / ______  to  End:  ____ / ____ / ______

Student Name: ________________________________  Student ID Number: ______________________

Student Signature: ________________________________  Date: ____ / ____ / ______

Drop off original to the Registration and Records Office or send by mail, or fax to 513-585-3540. Questions can be directed to the Registrar by calling 513-585-0365 or 513-585-1426.

The Christ College of Nursing and Health Sciences
2139 Auburn Avenue
Cincinnati, OH 45219

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