



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.

The Christ College of Nursing and Health Sciences
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