



Student's **FULL LEGAL NAME** \_\_\_\_\_  
Last First Middle

User ID (assigned to you if you have previously registered for independent study courses) \_\_\_\_\_

**THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA):**

Under the Family Education Rights and Privacy Act, if you register for an Indiana University undergraduate course, you hold the rights to authorize the Indiana University School of Continuing Studies to release your student records to third parties. In other words, you hold the FERPA rights for that course (regardless of your age), and we may not release your records for that course to anyone—including your parents—without your written permission. See page 10 of the undergraduate catalog for a complete description of FERPA guidelines.

Please sign directly below to indicate that you have read and understand this FERPA regulation. If you have questions, call 800.334.1011 before signing.

\_\_\_\_\_  
Student Signature Date (mm/dd/yy)

If you are 17 or younger, your parent or guardian must read the statement above and then sign below to indicate that they have read and understand this FERPA regulation.

\_\_\_\_\_  
Parent Signature Date (mm/dd/yy)

**PERMISSION TO RELEASE INFORMATION**

We strongly recommend that you give the School of Continuing Studies permission to release information to the individuals/entities below. This enables the school to more efficiently manage your enrollment. Please provide the names of all individuals to whom the school may release information about your course progress.

Permission to release information about course progress is given to **(please provide full name):**

Parent(s)/Guardian(s) \_\_\_\_\_

Stepparents \_\_\_\_\_

Spouse \_\_\_\_\_

High School Counselor/Principal \_\_\_\_\_

Other (common examples: state funding agency, adult mentor, friend, sibling or other family member)

**If you attend classes at a local high school and want Indiana University High School to report your academic progress—including your final grade(s)—to that high school, you must provide that school's ETS code.** \_\_\_\_\_

**I understand that this authorization will remain in effect until revoked in writing:**

\_\_\_\_\_  
Student Signature Date (mm/dd/yy)