



Family Education Rights & Privacy Act (FERPA) Release

The Family Education Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education, financial, and academic records. For the student's protection, FERPA limits release of student record information without the student's explicit written consent. Parent(s)/Guardian(s) & spouses are not exempt from FERPA without the written consent of the student.

Instructions: Students complete Part A, and Parent(s)/Guardian(s) & Spouse complete Part B. Return the completed form to the Office of Financial Aid.

PART A – To be completed by the student.

If you want to authorize Atlanta's John Marshall Law School to disseminate financial and educational information to the below named person(s), please complete Part A, sign, and return this form.

Student Disclosure and Release of Information

I understand that any and all personally identifiable information concerning my financial and education records is protected under FERPA. I further understand that I may waive that protection and give access to my financial and education records to individuals of my choice. This release allows the below named individual(s) to access financial and education information through the Office of Financial Aid. I agree to waive my rights under FERPA and allow the below named person(s) to receive access to my financial and education records.

NAME (*First, Middle Initial, & Last Name*) **Please Print**

Relationship to Student

I acknowledge that this release is valid during my academic career at AJMLS/SLS. By signing this release, I authorize AJMLS/SLS to release all financial and educational information to the person(s) listed above. I understand I can revoke this release at any time by notifying AJMLS/SLS in writing.

Student Name (*Please Print*)

Student Signature

AJML Student ID#

Student ID #

Date

Atlanta's John Marshall Law School | Office of Financial Aid | 1422 West Peachtree Street NW Atlanta, GA 30309

Phone: 678-916-2600 Fax 404-873-3802

Email: financialaid@johnmarshall.edu

Website: www.johnmarshall.edu

PART B – To be completed by the Parent/Guardian or spouse.

In lieu of a student's signed release, the parent or guardian must complete Part B of this form.

In order to gain access to my son's/daughter's financial and educational records, I certify that I am the parent/guardian or spouse of

_____ a student at AJMLS.

Parent/Guardian or Spouse Name (*Please Print*)

Parent/Guardian or Spouse Signature

Parent/Guardian or Spouse Address

Date