

STUDENT DISCLOSURE FORM - FERPA

Please print clearly

Student Last Name: _____
Student First Name: _____
Student FSC ID#: _____

I hereby approve Fitchburg State College to discuss my student records with the people listed below. I understand that Fitchburg State College may discuss grades and may disclose financial records and (in certain circumstances) other information concerning academic status, progress toward graduation, and extracurricular behavior to those listed. I further understand that if I only want my student information from a single area of the college (financial aid, student accounts, registrar, etc) to be disclosed, that I should contact that office directly and not use this form.

Note to students: Please complete one form for each address.

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Nation: _____

Student Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO:

Registrar's Office

Fitchburg State College

160 Pearl Street

Fitchburg, MA 01420

fax # 978-665-4151