



FERPA BLOCK OF INFORMATION

Student Name (print clearly)

Student ID

Student Signature for Block of Information

Date of Signature

I am giving my permission to Siena Heights University to block the release of the following information. I understand that as a result of this action, I may not receive certain mailings, or normally issued information on community events or activities.

Restrictions to Public Information

- ____ Name
- ____ Address
- ____ E-mail Address
- ____ Phone Number
- ____ Birth Date and Place of Birth
- ____ Major
- ____ Dates of Attendance
- ____ Degrees and Awards
- ____ Membership in any Athletic Team or Student Organizations
- ____ Height and Weight of Athletic Team Members
- ____ Photographs

This is a complete block of all information requested and only will this information be released with your written permission.

This block will be good for one year.

This block is good for one year. After the age of 18 any request for information, released to a third party, must be approved with the student's signature of permission. The student will need to state the name of the party that the information is to be released to, and the information that may be disclosed. Any person requesting information from a student's file must present a written release from the student involved or present a legal power of attorney. This documentation must be presented to the Registrar's Office.

Access to student records in the University's computer system is restricted. Only the student and certain university employees with a legitimate educational interest have access to those records.

This form will be distributed to the student's advisor, Financial Aid, Business Office, and the appropriate dean or division chairperson. The original form will be retained by the Office of the Registrar.