SABA UNIVERSITY
School of Medicine

AUTHORIZATION TO RELEASE EDUCATION RECORDS

Office of the Registrar

Instructions for completing this form

1. The form must be fully completed and signed by the student. Student information will not be released if any section of this form is incomplete.
2. Submit completed forms via email to registrar@saba.edu. Questions about this form may be directed to registrar@saba.edu or (978) 862-9650

Student Name (Last Name, First Name, Middle Initial)	Student ID	Date

The Family Educational Rights and Privacy Act (FERPA) provides students certain rights concerning the privacy of, and access to, their education records. Students may submit this form to the Office of the Registrar to allow the release of their education records to specified third parties. FERPA requires Saba University School of Medicine (SUSOM) to use reasonable methods to identify and authenticate the identity of the student and the specified third party. Please note that while this form authorizes Saba University School of Medicine (SUSOM) to release education records to third parties, it does not obligate Saba University School of Medicine (SUSOM) to do so. Saba University School of Medicine (SUSOM) reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the U.S. Department of Education's website at: https://studentprivacy.ed.gov/ferpa.

Section A | Education Records to be Released

◯ **ALL** Student Education Records listed below

◯ **LIMITED** Education Records (Check all that apply)

- ◯ Academic Information (grades/GPA, registration, student ID number, academic progress, enrollment status)
- ◯ Financial Aid Information (awards, application data, disbursements, eligibility, financial aid academic progress status)
- ◯ Loan Information (University-maintained loan disbursements, billing and repayment history (including credit reporting history), communication history, balances, collection activity)
- ◯ Student Account Information (billing statements, charges, credits, payments, past due amounts, collection activity)
- ◯ Other (please specify in as much detail as possible)

Section B | Person to whom the student's education records may be provided (Submit one form per authorized person)

Name of Person to Whom Records May Be Provided	Relationship to Student

You may choose to have the records emailed or mailed to the person named above. If you would like the records to be emailed, provide the email address. If you would like the records to be mailed, provide the mailing address.

Email	Mail Address

Section C | Duration of Release (check one)

◯ **One-Time Use** This authorization can be used only once

◯ **Limited Use** This authorization expires on

Section D | Purpose of Release (check one)

◯ **Family Communications**

◯ **Employment**

◯ **Admission to another educational institution**

◯ **Other *(please specify)***

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Office of the Registrar.

Student's Signature	Date

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations, which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.