



# COVENANT COLLEGE

## 2020 Release of Information Form Master of Arts in Teaching

Please read directions carefully before completing

In accordance with the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA) and other federal privacy regulations, students have the right to provide written consent before Covenant discloses personally identifiable information from the student's educational records, except to the extent that FERPA authorizes disclosure without consent. This form must be signed by the student in order to complete the registration process for attendance.

**Please note: You must specify in the financial information section below any organization outside the college that may need access to your billing information in order to pay scholarship monies or make payments to your account (i.e. MTW and other missions agencies, TX Tuition Plan, Alabama PACT, Florida Prepaid Plan, employers, etc.).**

I, \_\_\_\_\_, ID# @\_\_\_\_\_ hereby instruct Covenant College to release information as indicated below by my signature. I acknowledge that my form will be considered valid for my term of enrollment unless I submit a revised form to the Office of Records.

Please **initial** one of the following:

\_\_\_\_\_ Covenant College **may not** release information to any individual or organization, except to the extent that FERPA authorizes disclosure without consent.  
[http://www.covenant.edu/docs/consumer/FERPA\\_Notification\\_of\\_Privacy\\_Rights\\_of\\_Students\\_2013-14.pdf](http://www.covenant.edu/docs/consumer/FERPA_Notification_of_Privacy_Rights_of_Students_2013-14.pdf)

\_\_\_\_\_ Covenant College **may** release information to the following people or organizations:

Academic information (list only **specific names** of individuals and/or organizations):

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Financial information (list only **specific names** of individuals and/or organizations):

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Spouse email address and others to receive monthly e-bill statements:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Records\Master\Forms\FormsforWeb\FERPA-Release of Information Form MEd Final 012715

**Submission of this form is required for registration. Please return completed form with your registration form to address below, or by scanned email attachment to [lindsey.fain@covenant.edu](mailto:lindsey.fain@covenant.edu).**