



FERPA Release and Photo Release

I. RELEASE OF CONFIDENTIAL INFORMATION AUTHORIZATION

In accordance with the Family Educational Rights and Privacy Act of 1974 as Amended (FERPA), this document authorizes the release of confidential information from my educational records to those individuals designated below.

Providence College may disclose the following confidential data: *(please check all that apply)*

- Academic Information
- Financial Information

Printed Name	Banner ID #	Student Signature
Last 4 Digits of Social Security #	Graduation Year	Date

Person(s) authorized to receive confidential information:

Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship

II. STUDENT PHOTO AND INTERVIEW RELEASE AUTHORIZATION

By signing below, you will permit us to use your photographic image and/or voice recordings in our educational and promotional materials. Thank you.

I hereby consent to and authorize Providence College, or its agent, to use, reproduce, exhibit, publish, broadcast or distribute photographs, video tapes, audio tapes, films, or any other medium, in which I am pictured, interviewed, or recorded, in whole or in part without restrictions or limitations for any educational or promotional purpose in support of the College. All original media remain the property of Providence College. I will not hold the College responsible for any unauthorized use of the material.

Student Signature	Date
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**The above authorizations will remain in effect unless withdrawn in writing by the student. DISCLAIMER:
INCOMPLETE OR UNSIGNED FORMS WILL NOT BE PROCESSED UNTIL COMPLETED.**