



RHODE ISLAND SCHOOL OF DESIGN  
Office of the Registrar | 2 College Street | Providence, RI 02903-2784  
Phone (401) 454-6151 | Fax (401) 454-6724 | Email: registrar@risd.edu

## Student Information Release to Parents

Under the Family Educational Rights and Privacy Act (FERPA), most information about you from RISD records, including grades, is considered confidential and, with certain exceptions, generally may not be released to third parties, including your parents, without your written consent. See the current year *Course Announcement* for more information about FERPA.

You may authorize Rhode Island School of Design to release information from your records to your parents by completing the information requested below and returning this form. Or, you may return it to the Registrar's Office during the first week of the semester.

Please note that without this authorization, RISD's ability to disclose information from your records to your parents or to speak with your parents about information from your records will be significantly restricted. You are urged to inform your parents of this fact if you decide not to execute the authorization form.

I, \_\_\_\_\_, authorize  
**Print name (student)**

Rhode Island School of Design to disclose any and all information from my records to my parent(s). This consent will remain in effect while I am enrolled at RISD unless withdrawn by me in writing at the Registrar's Office.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Student Information:

RISD ID # (if known) \_\_\_\_\_

Student's street address \_\_\_\_\_

### Release To (parent information):

Name(s): \_\_\_\_\_ Relation to Student \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_