

**FERPA**  
**Student Consent**  
**St. Andrews Presbyterian College**

My signature below indicates my consent for St. Andrews Presbyterian College officials to release information to, and to communicate with, my parent(s) and/or guardian(s) regarding my academic progress, including grades and other academic progress markers, as well as other appropriate concerns related to campus life. This contract shall remain in effect until revoked by me in writing, or until I graduate from St. Andrews, transfer or withdraw.

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Student Name (**Please Print**)

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Student Signature

Date

If you are unable to sign this waiver for yourself, the name of the person authorized to sign on your behalf should be **printed** below.

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**FERPA**  
**St. Andrews Presbyterian College**

I do **NOT** consent for SAPC officials to release information to, nor communicate with my parent(s) and/or guardian(s) regarding my academic progress, including grades and other academic progress markers, as well as other appropriate concerns related to campus life.

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Student Name (**Please Print**)

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Student Signature

Date

If you are unable to sign this for yourself, the name of the person authorized to sign on your behalf should be **printed** below.

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