Name (please print) ________________________________

NUID __ __ __ - __ __ __ __ __ __ __ __ Phone __________________________ Date _______________

Select one: ☐ Undergraduate Day  ☐ Graduate School  ☐ College of Professional Studies  ☐ School of Law

GENERAL INFORMATION
FERPA is a federal law that governs and protects your rights to your individual educational records. As a student over the age of 18 years or enrolled in a post-secondary institution, your primary rights under FERPA are:

- Your right to review and inspect your educational records;
- Your rights to have your educational records amended or corrected;
- Your rights to control disclosure of certain portions of your educational records.

ADDITIONAL INFORMATION

FERPA GENERAL GUIDANCE FOR PARENTAL DISCLOSURE—UNDERGRADUATE DAY SCHOOL STUDENTS ONLY
When a student turns 18 years of age, the student, and not the parent, may access, seek to amend, and consent to disclosures of his or her education records.

Please select one of the following options:

☐ My parents are allowed access to my academic information.
☐ My parents are not allowed access to my academic information.

Please note: If you choose not to share information with your parents, Northeastern will, if asked, indicate that you have restricted access to your records.

Signature __________________________

NOTICE FOR RELEASE OF DIRECTORY INFORMATION
The primary purpose of directory information is to allow Northeastern University to confirm attendance for employers, health insurance companies, and loan agencies. Northeastern may disclose appropriately designated “directory information” without written consent, unless you have advised the University to the contrary in accordance with the procedures below. If you choose not to release directory information, all communications with all third parties and agencies will need to be done through your written request to the University or in person.

Northeastern Directory Information:

- College and major
- Graduation degree(s) and honors
- Sports activity participation, such as for soccer, showing weight and height of team members
- Dean’s List or other recognition lists
- Dates of attendance
- A playbill, showing your role in a drama or music production

Please select one of the following options:

☐ Northeastern University has my permission to release Directory Information as defined above.
☐ Northeastern University does not have permission to release my Directory Information.

Signature __________________________

PHOTO AVAILABILITY
As a student, you may choose whether or not to make your photograph available to the University for official purposes, such as class rosters or advisor communications.

Please select one of the following options:

☐ I give my permission to make my electronic photo available to faculty and staff for official purposes.
☐ I do not give my permission to make my electronic photo available to faculty and staff for official purposes.

Signature __________________________