

STUDENT CONSENT TO RELEASE IMMIGRATION INFORMATION

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. [Family Policy Compliance Office \(FPCO\) Home](#)

NOTE THAT BY YOUR SIGNING FORM I-20, CERTIFICATION OF ELIGIBILITY FOR NONIMMIGRANT (F-1) STUDENT STATUS, YOU HAVE AUTHORIZED THE NAME SCHOOL TO RELEASE INFORMATION FROM MY RECORDS WHICH IS NEEDED BY THE INS PURSUANT TO 8 CFR 214.3(g) TO DETERMINE MY NONIMMIGRANT STATUS). ADDITIONALLY, ON PAGE 2:11, OF THE SAID DOCUMENT, UNDER THE HEADING **AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL**, IT READS:

To comply with requests from the United States Citizen and Immigration Services for information concerning your immigration status, you are required to give authorization to the name school to release such information from your records. The school will provide the Service your name, country of birth, current address, and any other information on regular basis or upon request.

Information released to USCIS, will not require you to complete this form. Information requested by the U.S. Department of Homeland Security will be released within the time frame specified by the representing agent of the said government.

Please complete this form and submit to the International Student Services Office (ISSO) at Haverford College, which is responsible for the immigration record(s) that you identify below. By completing and signing this form, you are giving Haverford College: ISSO permission to share information from your immigration records over which Haverford controls. If you are providing more than one office/individual with authorization, a copy of this form should be provided for each.

First Name _____ Middle Initial _____ Last _____

SEVIS ID# _____ Student ID# _____

Telephone/cell _____ E-Mail _____

YOUR REQUEST

Specify the information (written, oral or printed copy/ies) to be released:

Purpose of Release:

To whom should the information be released? How should it be released (for example, you will pick up the document, mail the document, etc.) Specify name of individual, company, title of individual/supervisor, mailing address, telephone number, email address, etc.

Give specific dates for the release

This consent is to remain in effect: **From** _____ **To** _____

I certify that this consent has been given voluntarily, I may revoke this consent at any time prior to the above indicated date or at any time after signing this authorization by providing the office, department or individual noted above with written notice of my revocation of this authorization.

Student's Signature: _____

Date (MM/DD/YYYY): _____