FERPA Authorization for Release of Educational Records

Marion Military Institute - Alabama Fire College Training Partnership

Purpose and Legal Foundation

This authorization form is issued pursuant to the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, and its implementing regulations at 34 CFR Part 99 [1]. FERPA is a federal law that protects the privacy of student education records and generally prohibits educational institutions from disclosing personally identifiable information from these records without written consent [2]. This form authorizes Marion Military Institute to disclose specific education records to Alabama Fire College for cadets participating in fire and emergency medical services (EMS) training programs. Under 34 CFR § 99.30, consent must be signed, dated, specify the records to be disclosed, state the purpose of disclosure, and identify the parties to whom disclosure may be made [1].

Institution and Student Identification

Educational Institution: Marion Military Institute, 1101 Washington Street, Marion, Alabama 36756-3207. Main Phone: (800) 664-1842 or (334) 683-2306. Fax: (334) 683-2383 [3]. Cadet Mailing Address: 102 College Street, Box #_____, Marion, AL 36756 [4]. Records Custodian/FERPA Officer contact information should be obtained from the Registrar's Office.

Student/Cadet Full Legal Name: _____

Date of Birth: _____/_____/_____

Student ID Number: _____

Class/Year: _____

Company/Battalion: _____

Current Address: _____

City, State, ZIP: _____

Rights Holder Providing Consent

The individual providing consent must check ONE of the following categories: Eligible Student (cadet who is 18 years of age or older, or enrolled in a postsecondary institution at any age) with full rights under FERPA transferred from parent to student; Parent or Legal Guardian (of a

cadet under 18 years of age AND not enrolled in a postsecondary institution); or Other Authorized Party (court-appointed guardian, person acting in place of parent - documentation of authority must be attached) [1].

Printed Name of Rights Holder: _____

Relationship to Cadet: _____

Contact Phone Number: _____

Email Address: _____

Information Types Authorized for Release

I authorize Marion Military Institute to disclose the following education records to Alabama Fire College:

Academic Records

- Transcripts
- Grades
- Report cards
- Credit hours enrolled and earned
- Grade point average
- Class schedules
- Academic progress reports

Training Progress and Attendance Records

- Attendance records for fire and EMS training courses
- Training completion status
- Certification progress
- Course performance evaluations
- Practical skills assessments

Disciplinary and Conduct Records

- Incident reports
- Disciplinary actions
- Suspensions
- Honor code violations
- Conduct evaluations relevant to professional training standards

Medical and Health Information

- Health records maintained by the institution
- Immunization records

- Physical examination results required for fire and EMS training
- Medical clearances for participation in training activities
- Emergency contact information [1]

Recipient Institution Information

Authorized Recipient: Alabama Fire College, 2501 Phoenix Drive, Tuscaloosa, Alabama 35401-8546 . Primary Contact: Reid Vaughan, Section Chief. Work Phone: (205) 343-7414. Mobile: (205) 499-6905. Fax: (205) 391-3754. Email: rvaughan@alabamafirecollege.org . Emergency Phone: (205) 391-3744 [5]. Website: https://www.alabamafirecollege.org/ [6]. The recipient is authorized to receive education records solely for the purposes specified in this authorization and may not further disclose these records without additional written consent unless permitted by FERPA exceptions.

Purpose of Disclosure

The specific purpose of this disclosure is to facilitate cadet participation in fire and emergency medical services training programs offered through the partnership between Marion Military Institute and Alabama Fire College. Alabama Fire College requires access to these education records to evaluate cadet eligibility for training programs, monitor training progress and performance, maintain certification and accreditation requirements, ensure compliance with professional standards for fire and EMS personnel, coordinate academic credit and training documentation, and provide appropriate instructional accommodations and safety protocols [1]. Information disclosed under this authorization may be released verbally or in the form of copies of written records as necessary to fulfill the stated purpose.

Duration and Expiration of Authorization

This consent and authorization shall remain in effect for the duration of the cadet's enrollment at Marion Military Institute and participation in fire and EMS training programs with Alabama Fire College, unless earlier revoked in writing by the rights holder. If a specific expiration date is desired, the rights holder may indicate: This authorization expires on: _____/_____/_____ (MM/DD/YYYY). If no expiration date is specified, this authorization remains valid until written revocation is received by Marion Military Institute or until the cadet graduates, withdraws, or is no longer enrolled [2]. The authorization does not apply retroactively to any disclosures made prior to the effective date of this form.

Rights and Revocation Information

The rights holder has the right not to consent to the release of education records and information. Consent is voluntary and the cadet will not be denied educational services or

training opportunities at Marion Military Institute solely based on refusal to provide consent, subject to legitimate program requirements [1]. The rights holder may revoke this authorization at any time by submitting written notice to the Marion Military Institute Registrar's Office. Revocation must be signed and dated by the rights holder. A revocation becomes effective only upon receipt by the institution and does not apply retroactively to disclosures made prior to receipt of the revocation [2]. To revoke this authorization, complete the revocation section at the end of this form or submit a separate written statement. Both custodial and noncustodial parents have equal rights under FERPA unless the institution has been provided with evidence of a court order or state law that specifically provides otherwise [7].

Consent and Signature Section

By signing below, I certify that I am the eligible student, parent, or legal guardian authorized to provide consent for release of education records. I have read and understand this authorization form. I authorize Marion Military Institute to disclose the specified education records to Alabama Fire College for the stated purpose.

I understand that I have the right to receive a copy of any records disclosed under this authorization upon request. I understand that this authorization will remain in effect as specified in the duration section unless I revoke it in writing.

Signature of Rights Holder: _____

Printed Name: _____

Relationship to Cadet: _____

Date: _____/_____/_____ (MM/DD/YYYY)

Cadet Signature (if 18 or older): _____

Date: _____/_____/_____ (MM/DD/YYYY)

References

[1] What Must Be Included in a FERPA-Compliant Consent Form?

[2] FERPA CONSENT FORM TO RELEASE STUDENT INFORMATION

[3] Marion Military Institute in Marion, AL 36756 - (334) 6...

[4] Cadet's Mailing Address - Marion Military Institute

[5] Course Coordination Plan - FEMA

[6] Contact Us - Alabama Fire College

[7] The Family Educational Rights and Privacy Act