

Sample FERPA Prison Education Program Consent Form – February 2024

Note: Below is a sample consent form that can be edited for use as part of the Prison Education Program (PEP) to provide an institution of higher education (IHE) with the prior written consent of an eligible student who is incarcerated in accordance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99). This sample consent form is for disclosure of such student’s education records (or personally identifiable information contained within) to a prison/correctional facility or oversight entity for purposes of participation in the PEP and the accompanying reporting and progress monitoring that is required under the PEP. An IHE using this form must ensure that it has specified below all of the education records that will be disclosed to the prison/correctional facility or oversight entity.

Sample FERPA Prison Education Program Consent Form

I, _____ [**name of eligible student**], provide my consent to allow [**insert name of Institution of Higher Education (IHE)**] to disclose the following of my education records and personally identifiable information from my education records to [**insert name of prison/correctional facility or oversight entity**] for the purpose of my participation in the Prison Education Program (PEP) and accompanying reporting and progress monitoring:

- Testing Results
- Courses Attempted/Completed
- Attendance Records
- Transcript
- Courses Passed/Failed
- Counseling Services Received/Requested
- Certificates Earned/Awarded
- Financial Aid Assistance applied for and received
- Certificate/Degree Plans
- Degrees Earned/Awarded
- Student Course Schedule
- Student Accounts
- Electronic communications with school officials or teachers
- [if other education records are to be disclosed, they must be listed here]

My consent does not include permitting the above-specified prison/correctional facility or oversight entity to re-disclose my education records or personally identifiable information from my education records or to use them for any other purpose.

I understand that I may withdraw my consent for [**insert name of IHE**] to disclose the education records and personally identifiable information from education records listed above at any time. Should I choose to withdraw my consent, I will submit a signed, written request to withdraw my consent to [**insert name of IHE**]. I understand that withdrawing my consent may result in me being unable to participate in the PEP.

Name of eligible student

Signature of eligible student

Date