



Office of the Registrar

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<input type="checkbox"/> Notification to HU Director

Heidelberg University – Terra State Community College  
1-2-1 Nursing Program

**STUDENT CONSENT TO SHARE INFORMATION**

Family Educational Rights and Privacy Act (FERPA) Release  
<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

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. Heidelberg and Terra State need to access student education records to advise and support the consortium’s 1-2-1 Nursing Program student progress.

By signing below, I consent to Heidelberg University (HU) and Terra State Community College (TSCC) sharing the following information regarding my:

- Educational records on file
- Academic course performance and progression records
- Documents certifying student completion of and compliance with clinical agency requirements:
  - Behavioral or disciplinary incidents
  - Background check records
  - Basic Life Support provider certification
  - Personal health records of immunizations, tests, and test results
  - Health insurance information

The individuals at Heidelberg and Terra State who are authorized to provide and receive the above information on behalf of their respective institutions under this consent include the following:

- Records office staff responsible to release educational records to other institutions.
- Directors/Deans of academic divisions responsible for 1-2-1 Program curriculum courses.
- Directors/Deans of academic divisions responsible for review of student background checks.
- Health clinic staff responsible for maintaining student health records.
- Advisors responsible for assisting 1-2 1 program students.

I understand the information may be shared orally, electronically, or in the form of copies of written records and I have the right to inspect any written records released pursuant to this consent. I understand I may revoke this consent upon providing written notices to the Registrars of Heidelberg and Terra State, but that any such Revocation shall not affect information previously shared between Heidelberg and Terra State. I further understand that until a revocation occurs, this consent shall remain in effect and the information listed above will be shared between Heidelberg and Terra State for the purposes described above.

I consent to the sharing of the following information between authorized individuals at Heidelberg and Terra State for the purpose of admission, progression, and completion of the Heidelberg - Terra State Nursing 1-2-1 Program as of the date of my signature on this form.

Student’s Printed Name: \_\_\_\_\_

Heidelberg University Student ID # \_\_\_\_\_

Terra State Community College Student ID # (when available) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_