

## 2024 Release of Information Form Master of Arts in Teaching

Please read directions carefully before completing

In accordance with the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA) and other federal privacy regulations, students have the right to provide written consent before Covenant discloses personally identifiable information from the student's educational records, except to the extent that FERPA authorizes disclosure without consent. This form must be signed by the student in order to complete the registration process for attendance.

Please note: You must specify in the financial information section below any organization outside the college that may need access to your billing information in order to pay scholarship monies or make payments to your account (i.e. MTW and other missions agencies, TX Tuition Plan, Alabama PACT, Florida Prepaid Plan, employers, etc.).		
	, ID# @ I below by my signature. I acknowledge vised form to the Office of Records.	hereby instruct Covenant College to that my form will be considered valid for my term of
Please <b>initial</b> one of the f		
		any individual or organization, except to the PA notification of privacy rights of students is
Covenant College n	nay release information to the f	ollowing people or organizations:
Academic information (lis	st only <b>specific names</b> of indiv	iduals and/or organizations):
Financial information (lis	t only <b>specific names</b> of indivi	duals and/or organizations):
Spouse email address and	others to receive monthly e-bill	statements:
Cianatura		Data

Submission of this form is required for registration. Please return completed form with your registration form to address below, or by scanned email attachment to lindsey.fain@covenant.edu.

 $Covenant\ College, Master\ of\ Arts\ in\ Teaching, 14049\ Scenic\ Highway, Lookout\ Mountain,\ Georgia\ 30750\ T.\ 800.677.3626,\ F.\ 706.419.1480$