

FERPA Release Pursuant to State Farm Direct Billing

This form is to be completed when students wish to inform the Registrar's Office that they intend to participate in the State Farm Direct Billing Programfor the upcoming subterm/session and serves as both such notification of participation and the waiver of FERPA rights in relation to educational record data sharing with EdAssist for purposes of invoice creation. To submit the completed form, please follow the instructions available from the College's website at: https://lincolncollege.edu/academics/registrar/state-farm-direct-billing-program

Students are advised to print and retain a copy of this application for their own records.

STUDENT INFORMATION	i			
ID Number	Letter of Credit #			
Student Name		Email		
INFORMATION ON APPROVED COURSES Please indicate your course registration information, as approved by EdAssist below.				
First Course Num. & Sec.	Course	e Name		
Year T	Term Sub-Te	rm		
Second Course Num. & Sec.	Course	e Name		
Year T	Ferm Sub-Te	rm		

FERPA Statement

The Family Educational Rights and Privacy Act of 1974 (FERPA; also known as "the Buckley Admendment") affords students certain rights with respect to their educational records. Lincoln College accords all of the rights afforded under FERPA to all students. No parties external to either institution shall have access nor will either institution disclose any information from the student's educational records (except that information defined by College as 'Directory Information' and/or disclosures to regulating or governmental agencies as allowed or required under FERPA) without the written consent of the student. Therefore, your written authorization is required in order for the College to release your educational records to facilitate execution of the State Farm Direct Billing program.

Authorization

I authorize Lincoln College to release my educational record information, pursuant to the course registration(s) listed above, to the organization known as EdAssist for purposes of tuition assistance under the policies of my employer, State Farm Insurance. Lincoln College shall share the educational record information herein authorized during the second week of the subterm/session specified above, once my attendance in the specified course(s) has been confirmed via the subterm/session's census.

My signature below indicates agreement that:

- I understand the FERPA statement and the authorization above and agree to my educational records being shared by Lincoln College with EdAssist.
- I understand that the purpose of such educational record sharing between Lincoln College and EdAssist shall be for the sole purpose of tuition assistance on the part of State Farm Insurance as facilitated through EdAssist.
- I understand that I must provide written notification revoking the authorization defined above should I wish to do so and that said revocation must take place prior the second Monday of the course(s) designated above.

Student Signature	Date Completed	Version 1.0 Created 2/17/2021
-------------------	----------------	----------------------------------