UNIVERSITYPARENT

18th Birthday Legal Kit

Five documents that give parents the access they need to help, and students the legal protections that fit their adult life.

CONTENTS

FERPA Educational Records Release

Authorization to Disclose Education Records (20 U.S.C. § 1232g)

> **Legal disclaimer:** These templates are for informational purposes only and do not constitute legal advice. State laws vary. Have any document reviewed by a licensed attorney in your state before execution.

I, the undersigned student, authorize the educational institution named below to disclose my education records to the person(s) identified in this form, as permitted under the Family Educational Rights and Privacy Act (FERPA).

STUDENT INFORMATION

STUDENT LEGAL NAME (LAST, FIRST, MIDDLE) _____

STUDENT ID NUMBER _____

DATE OF BIRTH MM/DD/YYYY

COLLEGE / UNIVERSITY NAME _____

EXPECTED GRADUATION YEAR _____

CURRENT CLASS YEAR e.g., Freshman

AUTHORIZED PERSON(S)

I authorize the following individual(s) to receive my education records:

AUTHORIZED PERSON 1 — FULL NAME _____

RELATIONSHIP TO STUDENT e.g., Mother, Father, Guardian

AUTHORIZED PERSON 2 — FULL NAME (OPTIONAL) _____

RELATIONSHIP TO STUDENT _____

RECORDS AUTHORIZED FOR DISCLOSURE

Check all record types you authorize the school to share with the person(s) listed above:

- ☐ Academic records (grades, transcripts, enrollment status, course schedules)
- ☐ Financial aid records (aid awards, loan information, billing statements)
- ☐ Tuition and billing records
- ☐ Disciplinary records (if applicable)

- [ ] Housing and residential life records
- [ ] Health records maintained by the institution (see separate HIPAA form for third-party medical providers)

  Note: Health records created and maintained by your campus health center are typically governed by FERPA, not HIPAA, if that center is operated by the school (45 C.F.R. § 164.501). HIPAA applies only if the health center bills insurance or operates as an independent covered entity. Check directly with your university's health center for their governing rules before submitting this form to them.
- [ ] Other (specify below)

OTHER RECORDS (IF CHECKED ABOVE)

DURATION AND PURPOSE

THIS AUTHORIZATION IS EFFECTIVE FROM

MM/DD/YYYY

THROUGH (OR CHECK "UNTIL REVOKED IN WRITING")

MM/DD/YYYY or graduation date

PURPOSE / REASON FOR DISCLOSURE (OPTIONAL)

e.g., General family communication and support

> This release may be revoked by the student at any time by providing written notice to the institution's Registrar. Revocation does not affect disclosures made prior to the written notice.

STUDENT SIGNATURE

STUDENT SIGNATURE

DATE

HIPAA Medical Authorization

Authorization to Use and Disclose Protected Health Information (45 C.F.R. § 164.508)

> **Legal disclaimer:** These templates are for informational purposes only and do not constitute legal advice. State laws governing health information may be broader than HIPAA. Consult an attorney in your state before execution.

I authorize the healthcare provider(s) and facilities identified below to disclose my protected health information (PHI) to the individual(s) named in this form for the purposes stated.

PATIENT INFORMATION

PATIENT LEGAL NAME (LAST, FIRST, MIDDLE)

DATE OF BIRTH

MM/DD/YYYY

CURRENT ADDRESS

HEALTHCARE PROVIDER(S) AUTHORIZED TO DISCLOSE

This authorization applies to the following provider(s) or, if left blank, to all healthcare providers currently treating me:

PROVIDER / FACILITY NAME(S) (OR WRITE "ALL CURRENT AND FUTURE TREATING PROVIDERS")

AUTHORIZED RECIPIENT(S)

RECIPIENT 1 — FULL NAME

RELATIONSHIP TO PATIENT

RECIPIENT 2 — FULL NAME (OPTIONAL)

RELATIONSHIP TO PATIENT

HEALTH INFORMATION AUTHORIZED FOR DISCLOSURE

- [ ] General medical records and treatment history
- [ ] Mental health treatment records (see note below)

  Many states have heightened protections for mental health records. This authorization may not override state-specific requirements. Consult your provider.

- [ ] Substance use or addiction treatment records

  Federal law (42 C.F.R. Part 2) applies additional restrictions to substance use records. Note: Part 2 was substantially amended in 2024 (effective February 2024), aligning it more closely with HIPAA and permitting redisclosure in more circumstances. Some protections remain. A separate or updated authorization may still be required; confirm requirements with your provider.

- [ ] Prescription medications
- [ ] Lab results, imaging, and diagnostics
- [ ] Emergency and hospitalization records
- [ ] Billing and insurance information
- [ ] All health information (general authorization)

SCOPE AND DURATION

PURPOSE OF DISCLOSURE

e.g., Family communication and emergency decision-making

EFFECTIVE FROM

MM/DD/YYYY

EXPIRATION (DATE OR EVENT)

e.g., 12/31/2028 or graduation

> I understand I have the right to revoke this authorization at any time by delivering written notice to the healthcare provider. Revocation does not affect disclosures already made in reliance on this authorization. I understand that my treatment may not be conditioned on signing this form.

PATIENT SIGNATURE

PATIENT SIGNATURE

DATE

Durable Power of Attorney (Financial)

Short-Form Durable Financial Power of Attorney

> **Legal disclaimer:** Power of attorney requirements vary significantly by state. Some states require specific statutory language. This is a general template only. Have this document reviewed and possibly replaced with a state-specific form by a licensed attorney before signing.

PRINCIPAL (STUDENT) INFORMATION

PRINCIPAL FULL LEGAL NAME _____ DATE OF BIRTH MM/DD/YYYY

PRINCIPAL ADDRESS _____

AGENT (PERSON GRANTED AUTHORITY)

PRIMARY AGENT FULL LEGAL NAME _____ RELATIONSHIP TO PRINCIPAL _____

PRIMARY AGENT ADDRESS _____

SUCCESSOR AGENT FULL LEGAL NAME (OPTIONAL) _____ RELATIONSHIP _____

POWERS GRANTED

I grant my agent authority to act in the following areas. Initial only those powers you wish to grant:

GRANT	POWER	LIMITATIONS (IF ANY)
☐	Banking and financial account management (access, deposits, withdrawals, transfers)	
☐	Financial aid management (communicating with the financial aid office, reviewing awards and disbursements) Note: A general POA does not authorize signing a federal student loan Master Promissory Note (MPN). Federal Student Aid requires the borrower's own signature.	
☐	Tuition and university billing (reviewing statements, making payments)	
☐	Tax filings (signing and submitting state and local returns where permitted by applicable law) Note: IRS representation requires a separate IRS Form 2848 (Power of Attorney and Declaration of Representative). A state-law POA does not substitute for federal tax purposes.	
☐	Insurance matters (reviewing policies, filing claims)	
☐	Real property transactions (applicable if student owns property)	

> **Durability clause:** This power of attorney is intended to be durable and shall not be revoked by my subsequent incapacity or disability. It shall remain effective unless revoked by me in writing.

EFFECTIVE DATE

EFFECTIVE

Immediately upon signing

EXPIRES (IF APPLICABLE)

e.g., Upon graduation from college, or leave bl

EXECUTION — NOTARIZATION REQUIRED IN MOST STATES

PRINCIPAL SIGNATURE (STUDENT)

DATE

Notary Block — to be completed by a licensed notary public

State of _____, County of _____

On _____, before me personally appeared the above-named individual, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that they executed the same in their authorized capacity.

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

[Notary Seal]

Healthcare Proxy / Medical Power of Attorney

Designation of Healthcare Agent and Durable Power of Attorney for Health Care

> **Legal disclaimer:** Healthcare proxy and medical POA requirements vary significantly by state and some states have mandatory statutory forms. This template is for general educational purposes. Before relying on this document, obtain and complete your state's official form, available from your state health department or an attorney.

I designate the following person as my healthcare agent to make medical decisions on my behalf if I become unable to make or communicate my own decisions.

PRINCIPAL (STUDENT) INFORMATION

PRINCIPAL FULL LEGAL NAME

DATE OF BIRTH MM/DD/YYYY

PRINCIPAL ADDRESS

PRIMARY HEALTHCARE AGENT

AGENT FULL LEGAL NAME

RELATIONSHIP TO PRINCIPAL

AGENT PHONE (PRIMARY)

AGENT PHONE (ALTERNATE)

ALTERNATE AGENT FULL LEGAL NAME (OPTIONAL)

RELATIONSHIP TO PRINCIPAL

POWERS GRANTED TO HEALTHCARE AGENT

My healthcare agent is authorized to make decisions about my medical care, including but not limited to the powers checked below:

- [ ] Consent to or refuse any medical treatment, surgery, or diagnostic procedure
- [ ] Access my medical records, including mental health records, and consent to their release
- [ ] Hire and dismiss healthcare providers
- [ ] Authorize admission to or discharge from a hospital or care facility
- [ ] Make decisions regarding mental health treatment, including voluntary hospitalization

- [ ] Make anatomical gift decisions if applicable
- [ ] Make end-of-life decisions consistent with my stated wishes (see instructions below)

MENTAL HEALTH PROVISIONS

For college students, please indicate your preferences regarding mental health treatment specifically:

- [ ] My agent may consent to voluntary inpatient mental health treatment if, in their judgment and the treating provider's opinion, such treatment is in my best interest
- [ ] My agent may communicate with my school's counseling services on my behalf
- [ ] My agent may NOT authorize inpatient psychiatric treatment without my expressed consent (except in a true emergency)

MY HEALTHCARE WISHES AND VALUES

ANY SPECIFIC INSTRUCTIONS FOR MY AGENT, VALUES, OR PREFERENCES (OPTIONAL)

e.g., I value quality of life and wish to remain as independent as possible. In all decisions, I want my agent to balance my short-term comfort with my long-term recovery.

EXECUTION — WITNESS AND/OR NOTARIZATION REQUIREMENTS VARY BY STATE

PRINCIPAL SIGNATURE (STUDENT)

DATE

Witnesses (required in most states; witnesses typically may not be the designated healthcare agent, a treating healthcare provider, an employee of a healthcare facility where the principal is a patient, or any individual who would benefit financially from the principal's estate — requirements vary by state):

WITNESS 1 SIGNATURE

WITNESS 2 SIGNATURE

WITNESS 1 PRINTED NAME AND ADDRESS

WITNESS 2 PRINTED NAME AND ADDRESS

Notary Block (required by some states in addition to witnesses)

State of _____, County of _____

On _____, before me personally appeared the above-named individual, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument.

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

[Notary Seal]

Notary Prep Checklist

What to bring, where to go, and what happens after you sign

Use this checklist before your notary appointment. Check off each item as you prepare. The Financial POA and Healthcare Proxy require notarization in most states. The FERPA and HIPAA forms do not require a notary but should be signed before a witness when possible.

BEFORE THE APPOINTMENT

- [ ] **Print all four signed documents** (FERPA, HIPAA, Financial POA, Healthcare Proxy) — bring one original set. Do not sign yet.
  Sign in front of the notary, not before. A pre-signed document may not be notarizable.
- [ ] **Government-issued photo ID** — student's driver's license, passport, or state ID. Must be current and not expired.
- [ ] **Identify your notary location:** UPS Store, bank branch, FedEx Office, your campus Student Legal Services office, or AAA (free for members at participating locations — call ahead to confirm).
- [ ] **Know your state's witness requirements** for the Healthcare Proxy. Some states require two witnesses in addition to a notary. If so, bring two non-family witnesses.
- [ ] **Budget $5-20 per signature** for notary fees (fees are typically set per signature by state law, not per document). A two-signature document may cost up to $30 in some states. Banks often notarize for free for account holders. Campus legal services may be free for enrolled students.

AT THE APPOINTMENT

- [ ] Sign each document in front of the notary (not before).
- [ ] Present your photo ID for the notary's review.
- [ ] Ask the notary to initial each page of multi-page documents (Financial POA, Healthcare Proxy).
- [ ] Request at least two certified copies of the Financial POA (one for you to keep, one for your bank or university).
- [ ] If your Healthcare Proxy requires witnesses, have them sign after the notary completes their block.

AFTER SIGNING — WHERE EACH DOCUMENT GOES

DOCUMENT	STUDENT KEEPS ORIGINAL	COPY TO
FERPA Release	Yes	University Registrar's Office. Ask specifically where to submit. Most schools have an online form or an in-person drop-off at the Registrar.
HIPAA Authorization	Yes	Give a copy to each healthcare provider your student sees: campus health center, primary care physician, therapist (if applicable).
Financial POA	Yes (keep original secure)	Agent keeps a certified copy. File a copy with your student's bank(s). Give to university billing office if financial aid access is granted.
Healthcare Proxy / Medical POA	Yes (keep original secure)	Agent keeps a certified copy. Give to campus health center. Keep a copy in student's phone photos for emergency access. Consider uploading to an electronic health records patient portal.

ON CAMPUS — SPECIFIC OFFICES

UNIVERSITY / COLLEGE NAME

REGISTRAR'S OFFICE LOCATION / PHONE

CAMPUS HEALTH CENTER LOCATION / PHONE

STUDENT LEGAL SERVICES (IF AVAILABLE)

FINANCIAL AID OFFICE LOCATION / PHONE

STORE COMPLETED DOCUMENTS SAFELY

- [ ] **Student:** Keep one full set of originals at home (not in a dorm room). A fireproof document bag or safe is ideal.
- [ ] **Parent/agent:** Keep certified copies in a secure, accessible location. Tell another trusted adult where they are.
- [ ] **Digital backup:** Scan all documents. Store in a secure cloud location (password-protected folder or health app that supports document uploads).
- [ ] **Review annually:** Set a calendar reminder to review and update these documents each fall before the academic year starts.

- [ ] **Update after major life changes:** A new state of residence, a different school, a change in the designated agent, or a significant change in health status should trigger a review.