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**FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)**

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ACPE 2016 STANDARD 307.2

ACPE 2016 ACCREDITATION MANUAL APPENDIX 7B

*The Family Education Rights and Privacy Act applies to all ACPE CPE programs and ensures privacy rights for applicants and students.*

**Student Name Printed:** \_\_\_\_\_

As a Clinical Pastoral Education, ACPE applicant, I hereby grant permission to the ACPE supervisor, and interviewers to use my written materials for the initial interview and CPE educational processes. I further grant permission to contact my references listed on the application to provide relevant information about me to the ACPE Center. The application process is considered and treated as confidential.

I have been informed of my right to restrict the directory information that Methodist Health System uses (name, address, email, telephone, date of birth, religion, previous education, unit of CPE completed and photograph). All other information is released only with my written signed and dated consent specifying which records are being disclosed, to whom and for what limited purpose. I understand I can restrict directory information and/or record access at any time during attendance and that restrictions shall be honored even after my departure.

I have reviewed the **Annual Notice** statement in the program description document sent to me during the application process. Further information on this issue can be found at [www.acpe.edu](http://www.acpe.edu).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date