

FERPA Consent to Release Student Information Form

DISCLAIMER: Please download the form, fill out all information, <u>SAVE the form to your computer</u> and then submit your completed application to the Academic Records office.

(Failure to save the form will result in a loss of all typed information)

The Family Education Rights and Privacy Act of 1974 (FERPA) states that a student must authorize in writing the release of his/her educational records. Please complete and sign this form to authorize release of your educational, financial aid and bursar records by any University official to an individual indicating the relationship listed below and who is able to provide the security keyword listed below.

Last Name:	First Name:	CWID No:	
Phone Number:	Email Address:		
Do you meet any of the following	ıg: Student Athlete □ Veteran □	nternational □ OSD □ TAA □ WIOA [
IUniversity of Pennsylvania to dindividuals:	he isclose personally identifiable infor	reby voluntarily authorize officials at Cal mation from my educational records to t	fornia he following
Last Name, First Name (Please	e Print)	Relationship to Student	
Last Name, First Name (Please	e Print)	Relationship to Student	
Last Name, First Name (Please	e Print)	Relationship to Student	
Security Keyword:			
NOTE: This consent does not cove Contact those offices for consent		ent Health Services or University Counseling	Services.
		of copies of written records, as preferred to therwise revoked by me in writing.	ed
Student Signature	Date		_

Student must hand-carried completed form along with photo ID to the Academic Records office:

Location: Dixon Hall Room 122.

** If student cannot bring the form into Dixon Hall in person, it must be signed and dated by a Notary Public. **