

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
AUTHORIZATION TO RELEASE INFORMATION**

Name of Student: _____ **Student ID:** _____

To the Student: Please complete this form and give it to the Saint Joseph's University's ("Saint Joseph's") department or office which is responsible for the particular record(s) that you identify below. By completing and signing this form, you are giving Saint Joseph's, through this department or office (or the individual from the department or office who you specify), permission to share information from your education records over which they have control. If you are providing more than one office with authorization, a copy of this form should be provided to each.

Department, office or individual to whom you are providing this authorization: _____

Specify (check) the information to be released:

_____ **Account/Billing (account balances, outstanding bills, etc.)**

_____ **Financial Aid (non-custodial information)**

_____ **Academic information (grades, GPA, class schedule, etc.)**

Saint Joseph's is authorized to release the information to:

I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time prior to the above indicated date (or if no date is provided, at any time after signing this authorization), by providing the department, office or individual identified above with written notice of my revocation of this authorization. I understand that, consistent with the Family Educational Rights and Privacy Act (FERPA), my education records are protected from disclosure to third parties and that absent my written consent which I am hereby providing with respect to the above identified records, Saint Joseph's would not be permitted to disclose the information, unless such disclosure is otherwise permitted under FERPA.

Student Signature: _____

Date: _____

