



# FERPA CONSENT TO RELEASE STUDENT 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.

Instructions:

1. Student completes form and brings it in to the Records and Registrations Office in Hamilton Hall with Photo ID.\*
2. Student will then share the security keyword with the authorized individuals.
3. The authorized person calls a specific office, gives the security keyword indicated by the student on the form.
4. The authorized person the student specified is able to receive information and may discuss any information regarding the student's educational, financial aid and bursar records with the University official.

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

I \_\_\_\_\_ [Print Name of Student] hereby voluntarily authorize officials at Edinboro University of Pennsylvania to disclose personally identifiable information from my educational records to the following individuals:

_____ <small>First Name [Please Print]</small>	_____ <small>Last Name</small>	_____ <small>Relationship to Student</small>
_____ <small>First Name [Please Print]</small>	_____ <small>Last Name</small>	_____ <small>Relationship to Student</small>
_____ <small>First Name [Please Print]</small>	_____ <small>Last Name</small>	_____ <small>Relationship to Student</small>
_____ <small>Security Keyword</small>		

**NOTE: This consent does not cover medical records held solely by Student Health Services or University Counseling Services. Contact those offices for consent forms.**

**I understand the information may be released orally or in the form of copies of written records, as preferred by the requestor. I understand that this form remains in effect until otherwise revoked by me in writing.**

Student Name (Please Print) \_\_\_\_\_ Student ID Number @ \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*FORM MUST BE NOTARIZED IF NOT HAND DELIVERED BY STUDENT**

**OFFICE USE ONLY**

Verified identity by Records and Registration office staff: \_\_\_\_\_  
[initials]

**Bring completed form to:**

The Office of Records and Registration • Hamilton Hall • 210 Glasgow Road • Edinboro, PA 16444 • (814) 732-3501

**Or Email to:** records@edinboro.edu