



Please return completed form to:

The Pennsylvania State University, Office of the University Registrar, 112 Shields Building, University Park, PA 16802

STUDENT CONSENT FOR RELEASE OF INFORMATION TO THIRD PARTIES

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of student education records by prohibiting their disclosure without the student’s written consent, except under limited circumstances. Students may choose to allow the release of their education records to specified third parties by completing this form. Please note that all fields listed below must be completed and that the student must **sign and date** this form. Please further note that while this form may *authorize* the University to release the student’s records, it does not *obligate* the University to do so. This Consent for Release of Information is a one-time authorization specific to this request only. The University reserves the right to review and respond to requests for release of education records on a case-by-case basis.

<u>STUDENT INFORMATION</u>		
<u>STUDENT LEGAL NAME (LAST, FIRST, MIDDLE INITIAL):</u>	<u>PSU ID:</u>	<u>DATE:</u>

<u>AUTHORIZED THIRD PARTY</u>	
<u>NAME (FIRST, LAST):</u>	<u>ADDRESS (STREET, CITY, STATE, ZIP):</u>
<u>RELATIONSHIP TO STUDENT:</u>	<u>PURPOSE OF DISCLOSURE (E.G., FAMILY, EMPLOYMENT, ADMISSIONS, LITIGATION):</u>

<u>EDUCATION RECORDS TO BE RELEASED (PLEASE SPECIFY)*:</u>

*All official transcripts requested by a third party must be obtained through the Office of the University Registrar’s website at www.registrar.psu.edu/web_transcript_static/web_transcript.htm. Please contact the Registrar’s office at 814.865.6357 with any questions relating to the online process.

I understand that I have the right to: (1) not to consent to the release of my education records, (2) inspect any written records released pursuant to this consent, and (3) revoke this consent at any time by delivering a written revocation to the University Registrar.

Student Signature

Date