

CONSENT TO RELEASE FINANCIAL RECORDS

SECTION A: Name of Student (Last, First and Middle initial)	PSU ID	Date

Family Educational Rights and Privacy Act of 1974 (FERPA) affords certain rights to you concerning the privacy of, and access to, your education records. Parents, legal guardians, and spouses are considered third parties under FERPA and cannot access your records at The Pennsylvania State University without your written permission. You may choose to complete and submit this consent form to Student Financial Services to authorize the release of your tuition and /or student loan information (student financial records) to specified third parties.

SECTION B: Individual(s) you wish to have access to your student financial records.
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Please enter the name and address of each individual you wish to have access to your student financial records.

Last, First and Middle initial	Address	City	State	Zip Code	Relationship

I authorize The Pennsylvania State University to provide my student financial record to the individual(s) named above. I understand that, once this information is released, the information is no longer protected by FERPA and the confidentiality of the information cannot be assured. I understand that I have the right not to consent to the release of my student financial records. I have the right to revoke this consent at any time by completing the revocation section below and sending this completed, signed, and dated form to Student Financial Services at 108 Shields Building, University Park, PA 16802.

Student's Signature:	Date:
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SECTION C: Please sign and date below ONLY if you are revoking this consent.

I hereby REVOKE the right of the individual(s) listed above to receive information concerning my student financial record and I am aware that they will be notified of the revocation of this right.

Student's Signature:	Date:
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Please return this completed, signed and dated form to Student Financial Services at 108 Shields Building, University Park, PA 16802 or by fax at 814-865-6535.