



Office of the Registrar  
 7373 Admiral Peary Highway  
 Cresson, PA 16630-1990

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 e-mail: [registrar@mtaloy.edu](mailto:registrar@mtaloy.edu)  
**Office** (814) 886-6400  
 (814) 886-6343  
 (814) 886-6337  
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**PERMISSION TO RELEASE INFORMATION**

The Family Education Rights and Privacy Act (FERPA) of 1974 is a federal law that gives you the right to inspect and review your student records. For your protection, FERPA limits release of information about your records without your explicit written consent.

If you wish to authorize us to give out information to your parents or other parties, we need the consent from you, the student, by completing and returning this form to the Registrar's Office.

I, \_\_\_\_\_, give authorized personnel of Mount Aloysius College  
 (Print student name)

permission to release information regarding my:

- academic records       attendance records       billing records
- health records       judicial records       financial aid records

to: Spouse (name) \_\_\_\_\_  
 Mother/Stepmother (name) \_\_\_\_\_  
 Father/Stepfather (name) \_\_\_\_\_  
 Guardian or Other (name) \_\_\_\_\_

I understand that although I am not required to release my records to this/these individual(s), I am giving my consent to release the information as indicated. I also understand that I have a right to receive a copy of such records upon request and that this release remains in effect until revoked by me, in writing, and delivered to the Registrar's Office.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Student

\_\_\_\_\_  
 Social Security Number

**Please return this form to :  
 Registrar's Office, Mount Aloysius College, Main 117, Cresson, PA 16630**

**Office Use Only**      Copies to: Advisor  Controller  Financial Aid  Health Services  Dean of Students