

MOUNT ALOYSIUS COLLEGE

Registrar's Office

7373 Admiral Peary Highway · Cresson, PA 16630 · Phone: (814) 886-6400 · Fax (814) 886-2750

STUDENT CONSENT TO RELEASE EDUCATION RECORDS

Directions

In compliance with the Federal Family Education Rights and Privacy Act of 1974, the College is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition, and fees assessments, financial aid (including your grants, scholarships, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor.

You may, at your discretion, grant the College permission to release information about your student records to a third party by submitting a completed Student Consent to Release Educational Records authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The College does not automatically send information to a third party.

Submit your completed form to the Registrar's Office, at the address above. Please note that your authorization to release information has no expiration date; however, you may revoke your authorization at any time in writing at the Registrar's Office. Social Security data is used only for authentication of this form.

SECTION A. Student Information

Name (Last, First, Middle Initial)

Social Security Number
(Last four digits only or date of
birth)

Student ID Number

Current Mailing Address (Street or P.O. Box Number, Apt. Number, City, State, ZIP Code)

Daytime Phone Number

SECTION B. Third Party Designee

Name (Last, First, Middle Initial)

Social Security Number
(Last four digits only or date of
birth)

Daytime Phone Number

Current Mailing Address (Street or P.O. Box Number, Apt. Number, City, State, ZIP Code)

Relation to Student

E-mail Address

Please initial one or more of the lines below to grant authorization to differently types of information:

_____ Controller's Office: Billing statements, charges, credits, payments, loan distribution, past due amounts, collection activity, communication history

_____ Registrar's Office & Academic Advising: Grades/GPA, demographic, registration, student ID number, academic progress status, enrollment information, access to academic records, attendance, Academic Intervention Forms

_____ Financial Aid Office: FAFSA application data, financial aid disbursement, eligibility, financial aid Satisfactory Academic Progress status

_____ Health Services: Medical records, physician's notes, nurses' notes, personal health information

_____ Student Conduct Records: Student misconduct incident reports, level I & II hearing results

SECTION C. Certification

I authorize the above third party, named in Section B, to access the above indicated student record and/or account information. This authorization does not permit the third party to make changes.

Student's Signature

Date

Revocation of Consent – Not valid unless received by the Registrar's Office. I hereby revoke the consent granted above:

Student's Signature

Date

Registrar's Office Use: Entered by: _____ Date: _____ Student's Advisor: _____ Date Advisor Sent Copy: _____

Revocation: Entered by: _____ Email Sent to Offices/Advisor: _____

Date: _____