FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 STUDENTS
AUTHORIZATION TO RELEASE RECORDS

Instructions: This form is to be used by the student to grant access to their education records to other entities besides themselves, such as a parent, spouse, etc. When completing this form, please print all items clearly to allow for correct processing. The College maintains two types of student education records: directory information and other student records. Directory information is considered public information and may be released by the College upon request, in accordance with existing law. Any student who does not wish directory information released must submit the appropriate documentation indicating such with the Office of the Registrar.

In signing this waiver, I, ________________________________, give access of all academic records at Harcum College to the individual(s) listed below. I hold the authority to revoke this waiver at any time.

I was claimed as a dependent on my parent’s most recent tax return: YES [ ] NO [ ]

If YES, print name(s) of parent(s) ________________________________________________

Part A:
1. __________________________________________   __________________________
   Name                                            Relationship

   __________________________________________   __________________________
   Address                                        Telephone#

   __________________________
   Signature

2. __________________________________________   __________________________
   Name                                            Relationship

   __________________________________________   __________________________
   Address                                        Telephone#

   __________________________
   Signature

Part B:
The following record(s) may be released under this consent:

Grades_____    Academic Standing_____    Bursar/Financial Records_____  

Transcript_____    Disciplinary Records_____    All records_____ Other (specify) _____

I understand that this request will remain in effect until I request in writing that the waiver(s) be removed.

______________________________________    ______________________________________
   Student Name                            Student Signature

______________________________________    ______________________________________
   Student ID#                              Date

**Please return this form to the Office of Student Records**