

AUTHORIZATION FOR ACCESS TO STUDENT RECORDS

The Family Educational Rights and Privacy Act of 1974, as Amended, accords privacy rights to students with respect to their educational records. A student may grant access to these records to a third party including a parent or guardian by the execution of this form. This release must be signed by the student. The completed form must be returned to the Office of the Registrar, Stratton Administration Building.

Student Name Student ID Number

RELEASE IS GRANTED TO THE FOLLOWING INDIVIDUAL(S):

Name R	elationship	Name	Relationship
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Telephone		Telephone	
SCOPE OF RECORDS TO BE RELEASED:		SCOPE OF RECORDS TO BE	RELEASED:
□ All educational records (to include Academ Billing, Financial Aid, Student Disciplinary Records.) OR Please check the individual records we may release: □ Academic records only □ Financial Aid R □ Billing Records Only □ Student Disciplinary	Records only	☐ All educational records (Billing, Financial Aid, Secords.) O Please check the individual release: ☐ Academic records only ☐ Billing records only	Student Disciplinary R
Please select a 4-digit PIN: Please select a 4-digit PIN: Use this PIN when calling regarding the student's records. All approved individuals may use the same PIN. I authorize Kutztown University of Pennsylvania to grant access to the above records to the individuals listed on the form.			
Student Signature		Date	

This authorization remains in effect for the current academic year unless rescinded in writing by the student or upon withdrawal/graduation, whichever comes first.