Academic/Financial Information Release Authorization

|  |  |  |  |
| --- | --- | --- | --- |
| Student name (print) |  | Student ID# |  |

The Family Educational Rights and Privacy Act of 1974 requires that Clarks Summit University secure the permission of each student to release educational records. The purpose of this form is to give you the opportunity to give permission to Summit University to release your academic and/or financial records to the person(s) listed below **IF THEY REQUEST THEM**.

**I authorize Clarks Summit University to release my academic and/or financial information to the following person(s) if they request them.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (print) |  | Relationship |  |
| Name (print) |  | Relationship |  |
| Name (print) |  | Relationship |  |
| Name (print) |  | Relationship |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date |  |

Please complete in its entirety and return to the Registrar's Office **within three (3) days**.

Email: registrar@ClarksSummitU.edu | Phone: 570.585.9216 | Fax: 570.585.9310