

# University of Pennsylvania

## Consent to Release Student Information

Penn's philosophy regarding student information is that students are adults and we generally will not share their academic and/or financial records (apart from directory information) with third parties, including parents, without student consent. At the same time, we will share a student's education records where the student has given consent and in other cases permitted by federal law and University policy. The Family Educational Rights and Privacy Act of 1974 (FERPA) and the University Policy on the Confidentiality of Student Records protect the privacy of student education records and generally limit access to the information contained in those records by third parties. FERPA and University policy, however, do provide for situations in which the University may, at its discretion, and sometimes must, disclose information without a student's consent. For example, we may disclose education records to a parent without the consent of the student if the student is listed as a financial dependent on the parent's federal tax submission (financial aid applicants) when we determine such disclosure is merited.

**You may choose to grant Penn the right to disclose education records to certain individuals in accordance with FERPA and University policy by filling out and signing this consent form.**

You have the right to revoke the permissions granted here at any time by submitting your written revocation to the office maintaining this consent form. Such revocation will not affect disclosures made by the University relying on your consent prior to receipt of such notice of revocation.

**Note that this form does not pertain to Medical inquiries. Any disclosure of such information is covered by different processes.**

Student's Name: \_\_\_\_\_

PENN ID# and/or last four digits of your SSN: \_\_\_\_\_

I have listed below the individual(s) to whom the University may release information from my education records:

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address & Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address & Telephone #: \_\_\_\_\_

The above named individual(s) may have access to the following information (examples: all academic information, all financial information):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Print Name