

### Release of Information

In accordance with the Department of Education's "Family Educational Rights and Privacy Act" (FERPA), written permission from the student is required in order for Cedar Crest College to be able to provide information regarding student's financial aid, student accounts and academic information. **By signing and submitting this request, the student certifies that they are granting the College permission to release such information to the party listed below.**

Name of Student: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

I give my permission to Cedar Crest College to provide information about my:

- Student Financial Services (Student Accounts/Financial Aid)
- Educational Record

To the following individual(s): \_\_\_\_\_

The College may discuss my information with the above individual(s) at the following phone number(s): \_\_\_\_\_

This permission will be in effect until (check only one)

- I revoke it in writing to Cedar Crest College; Registrar's Office; 100 College Drive; Allentown, PA 18104.
- \_\_\_\_\_ (date), upon which this release expires.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please complete form, sign, and deliver to Registrar's Office Curtis Hall Room 136, fax to 610-740-3766, or mail to Cedar Crest College Registrar's Office, 100 College Drive Allentown, PA 18104. Forms may also be scanned and emailed to registrar@cedarcrest.edu.

*Note to faculty and staff: The presentation of this signed release OR notification from the Registrar's Office that a student has submitted a signed release authorizes you to speak with the individual(s) listed above.*