

# POINT PARK UNIVERSITY

## RELEASE OF INFORMATION REQUEST

In accordance with the Family Educational Rights and Privacy Act (FERPA), commonly referred to as the Buckley Amendment, Point Park University is not permitted to release personally identifiable information to any person other than the student without the student's specific, written permission. The University is permitted to release directory information – as defined in the Point Park University catalog, pages 59-60 – without the student's permission if requested by someone other than a student.

As a student, you have the right to authorize the Student Financial Services Offices – Office of Financial Aid and the Office of Student Accounts -to discuss your student account and financial aid information with a third party. A third party is generally defined as a parent, legal guardian, spouse, or sponsor. Your student account and financial aid information will only be discussed with you unless you authorize a third party below. You may also choose not to have your information shared with anyone other than you by checking the box below. This form must be return to the Student Financial Services Office.

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### Authorization to Release Non-Directory Information Point Park University – Student Financial Services Office

I have been advised of my rights as defined by the Family Educational Rights and Privacy Act (FERPA), commonly referred to as the Buckley Amendment. I authorize the Student Financial Services Office at Point Park University to release information concerning my financial records to the following individuals named below.

\_\_\_\_\_  
Name of Authorized Person/Relationship to Student

\_\_\_\_\_  
Name of Authorized Person/Relationship to Student

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
E-mail

You may choose **not** to have your financial aid and student account information shared with anyone other than you by checking the box below. You are still required to sign and date this form.

I do **not** want my financial aid or student account information discussed with anyone.

I understand this authorization will remain in effect until I notify the Student Financial Services Office in writing to rescind my request. Written requests to cancel can be sent to: Point Park University, Student Financial Services Office, 201 Wood Street, Pittsburgh, PA 15222.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_