

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

Office of Student Retention and Success California University of Pennsylvania

Name of Student: _____

Student Identification Number: _____

In accordance with Family Educational Rights and Privacy Act of 1974 ("FERPA", also known as the "Buckley Amendment"), I, the undersigned, hereby authorize The Office of Student Retention and Success to release for all purposes any and all academic and other educational records and information. This release includes grades, schedule adjustments, class schedule, academic standing, and attendance.

I authorize release of these records and information to:

Name	Relationship to Student
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I understand that I may submit a subsequent notification in writing directing The Office of Student Retention and Success to no longer release information to any or all of the individuals listed above. I understand further that I have the right not to consent to the release of my education records.

I certify that I have read and fully understand the foregoing statements.

Student's Signature

Date

