

SHIPPENSBURG UNIVERSITY
Student Accounts Office

Old Main Room 100

FERPA Consent Form to Release Student Information

The Family Educational Rights and Privacy Act (FERPA) defines a student's right to privacy and confidentiality, strictly limiting the disclosure of personally identifiable information from records kept by the schools.

FERPA states that billing information can only be released to the student. However, a student can give written consent to disclose billing information to others. Without written consent, we are prohibited from releasing personal and/or financial information to anyone except the student.

If you wish to allow access of your student account information to members of your family or anyone else, you must indicate so on this form.

This release is for the Student Accounts Office only.

PERSONAL ACCESS CODE: _____ (*Alpha or Numeric*) – Individuals listed below on this form must have this personal identification password when requesting information.

Student's Name (Please print): _____ Student's SU ID #: _____

Student's Phone #: _____

Persons to release billing information to:

Name (Please print)	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

By signing, I authorize Shippensburg University Student Accounts Office to release information regarding my tuition billing account to the above person(s). This form is valid throughout my SU enrollment.

I also understand that I must inform the Student Accounts Office in writing if I wish to change any information provided on this form.

Student Signature: _____ Date: _____

**** Please submit a copy of your SU ID card along with this form. ****

By signing below I hereby **revoke** the above request:

Student Signature: _____ Date: _____