

FERPA Authorization for Release of Student Information

5808 Baum Boulevard • Pittsburgh, PA 15206
Phone: 412-362-8500 • Fax: 412-362-1684

STUDENT INFORMATION

Student Name: _____

Date: _____

I understand that the Family Educational Rights and Privacy Act of 1974 (FERPA) provides students with rights regarding the privacy and confidentiality of their education records, including the right to inspect and review those records.

By signing this form, I voluntarily authorize the Pittsburgh Institute of Mortuary Science (PIMS) to release the student information identified below to the individual(s) and/or agency(ies) listed on this form.

I understand that I may modify or rescind this authorization at any time by submitting a written request to PIMS. Any modification or rescission will apply only to disclosures made after PIMS receives the written request.

AUTHORIZED RECIPIENT #1

Name of Individual/Agency: _____

Relationship to Student: _____

INFORMATION AUTHORIZED FOR RELEASE

Please check **all** that apply:

☐ **All Records or Information**

☐ **Academic Information** – including grades, enrollment status, attendance, and transcripts

☐ **Tuition and Fee Status**

☐ **Discipline/Conduct Records**

☐ **Other (please specify):** _____

AUTHORIZED RECIPIENT #2

Name of Individual/Agency: _____

Relationship to Student: _____

INFORMATION AUTHORIZED FOR RELEASE

Please check **all** that apply:

☐ **All Records or Information**

☐ **Academic Information** – including grades, enrollment status, attendance, and transcripts

☐ **Tuition and Fee Status**

☐ **Discipline/Conduct Records**

☐ **Other (please specify):** _____

AUTHORIZED RECIPIENT #3

Name of Individual/Agency: _____

Relationship to Student: _____

INFORMATION AUTHORIZED FOR RELEASE

Please check **all** that apply:

☐ **All Records or Information**

☐ **Academic Information** – including grades, enrollment status, attendance, and transcripts

☐ **Tuition and Fee Status**

☐ **Discipline/Conduct Records**

☐ **Other (please specify):** _____

STUDENT AUTHORIZATION

I have read and understand this FERPA Authorization for Release of Student Information. I understand that I am authorizing PIMS to disclose only the information identified above to the individual(s) and/or agency(ies) listed on this form.

I understand that I may modify or rescind this authorization in writing.

Student Signature: _____

Date: _____