

LOCK HAVEN UNIVERSITY

AUTHORIZATION FOR RELEASE OF INFORMATION

The Family Educational Rights and Privacy Act is a federal law designed to protect the privacy of a student's educational records. Educational records are all records that contain information directly related to a student and are maintained by an educational agency or institution or by a party acting for the agency or institution. All FERPA rights transfer from the parent to the student when a student attends a postsecondary institution. The student maintains the rights to his/her record regardless of parental information that may have been required when a student applied for financial aid or if the parent pays the student's bill. Therefore, Lock Haven University employees are unable to discuss matters with members of the student's family or other persons without the express written consent from the student. The student will complete this form and return it to the address or fax number below.

In accordance with the Family Educational Rights and Privacy Act, I authorize the release of information indicated below to the designated individuals.

Student's Name (Print)

Student's LHU ID

Student's Signature

Date

Student's Date of Birth

Student's Last 4 Digits of Social Security Number

RELEASE IS GRANTED TO THE FOLLOWING INDIVIDUAL(S)

Legal Name of Individual(s) to Hear/Receive Information	Relationship to Student	Last 4 Digits of Social Security Number	Date of Birth <i>(Month/Day/Year)</i>	Records to be Released
				<input type="checkbox"/> Academic records* <input type="checkbox"/> Billing records <input type="checkbox"/> Financial aid records <input type="checkbox"/> Student disciplinary records
				<input type="checkbox"/> Academic records* <input type="checkbox"/> Billing records <input type="checkbox"/> Financial aid record <input type="checkbox"/> Student disciplinary records
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**The Registrar's Office will not release grades or grade point average over the phone to the student or to individuals identified above. A signed transcript request form must be submitted to obtain this information.*

When the designated person calls, he/she will be asked to provide the answer to a security question. Please select **one** question and provide an answer. Be sure that you inform the people listed above of your question and answer. For your protection, no information will be shared if the answer is incorrect.

Question (choose only one)	Answer
____ What is my mother's maiden name?	
____ What is the name of my pet?	
____ Who is my favorite entertainer?	
____ What is my father's middle name?	

Return completed form to:
Lock Haven University – Financial Aid Office -- Ulmer Hall 224 (Fax: 570-484-2918)

This authorization remains in effect for the entire time of the student's enrollment at Lock Haven University unless rescinded in writing by the student or upon withdrawal/graduation, whichever comes first.

Copies distributed: __ Registrar __ Residence & Student Life