Student Request to Share Information

The purpose of the Educational Rights and Privacy Act of 1974 is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information contained in a student's College records. I understand that in order for the College to release information to my parent(s) or guardian(s) as specified in the Allegheny College Policy on the Privacy of Student Records, this signed release must be on file.

I hereby authorize Allegheny College to release information only to my parent(s) and/or guardian(s) listed below.

I _____ _____ _____
(Student's Last Name) (First Name) (M.I.)

STUDENT ID # _____

Parent/Guardian Name **Relationship**

_____

_____

_____

By signing this release, I understand and agree to the following:

- That the College may release to the parents and/or guardians listed above, information regarding all of the following: admissions materials, transcripts/grades, student conduct records, financial records/billing statements, e-mails, and financial aid information.

- That the College may inform the parents and/or guardians listed above if the College:
  - becomes aware of my being hospitalized or treated for any emergency or life-threatening medical or psychological condition.
  - becomes concerned about me (ex: missing from campus for more than a 24 hour period, disruptive or erratic behavior, etc.).
  - believes it is in my best interest to do so.

- That my billing statements will be addressed to the parents and/or guardians listed above and will be sent to the parent address that is on file with the College.

- That this authorization remains in effect until I provide a written letter to revoke this authorization.

Please note that financial aid information will be shared only with the parent(s) whose information was submitted on your Free Application for Federal Student Aid (FAFSA). If you want a non-custodial parent to have access to your financial aid information, you will need to request a separate form from the Financial Aid Office.

_____ _____
(Student's Signature) (Date)