

FERPA RELEASE FORM

The **Family Educational Rights and Privacy Act** (FERPA) affords certain rights to students concerning the privacy of and access to their education records. This form authorizes the educational institutions named below to release education records to the named third party; it does not obligate the institution to do so.

Student Name: _____ Last 4 digits of SSN: _____

Mailing Address: _____

Phone Number: _____ Email: _____

High School (Graduating from): _____

College/University Attending: _____

Major: _____ Expected Graduation (MM/YY): _____

The student named above hereby authorizes the above-named College or University, to release the following education records to the Community Foundation of Warren County (CFWC) with a mailing address of 310 Second Avenue, Suite 1, Warren, PA 16365:

*** Student must place an X in each checkbox indicating understanding and agreement ***

☐ - Academic Information. Includes, but is not limited to, transcripts, credit hours enrolled/earned, grades/GPA, class schedule, academic progress, and enrollment status. (Released by College or University)

☐ - Financial Aid Information. Includes, but is not limited to, awards, application data, disbursements, eligibility, and financial aid status. (Released by College or University)

☐ - Student Account Information. Includes, but is not limited to, billing statements, charges, credits, payments, past due amounts, and financial holds. (Released by College or University)

☐ - Teacher, Counselor, or other Letters of Recommendation (Released by College or University)

The student understands that the information may be released orally or in the form of copies of written records and understands that this release remains in effect until otherwise revoked by the student in writing. The released information will be used by CFWC to satisfy scholarship application requirements and determine financial need.

Student's Signature: _____ Date: _____

Parent/Guardian Signature (if under 18) _____ Date: _____