

Alvernia University
STUDENT AUTHORIZATION TO RELEASE
EDUCATIONAL RECORD INFORMATION

In accordance with regulations contained within the Family Education Rights and Privacy Act, Alvernia University will disclose to designated parties, information from educational records of a student provided the University has on file the written consent of the student. In addition, students' records are open to other school officials, including teachers within the educational institution or local education agency who have been determined to have legitimate educational interest, and those others specified in the updated 1/3/12 act. Please sign below and return to the Student Financial Planning Office if you consent for the University to release your educational records to the designated parties.

I hereby authorize Alvernia University school officials to release my educational records to the following:

Name	Relationship
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Name	Relationship
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Name	Relationship
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I hereby authorize Alvernia University school officials to release my educational records:

- Academic Financial Aid Student Billing
 Disciplinary File(s) Public Safety Report(s)

This release does not permit the disclosure of these records to any other persons or entities without my written consent unless specifically allowed for within FERPA regulations. I understand that I may revoke this authorization at any time.

Statement of Financial Responsibility:

I promise to pay Alvernia University my total financial obligation (including tuition and fees). I understand and acknowledge that in the event any anticipated funds are denied or are otherwise not forthcoming, or in the event that I stop attending Alvernia University for any reason, my total financial obligation shall become due and payable immediately. I understand and acknowledge that failure to fully satisfy my total financial obligation may result in the collection and/or legal action brought against me by Alvernia University. Further, I understand and acknowledge that I am fully obligated and responsible for any and all charges associated with such collection and/or legal action including, but not limited to, the reasonable attorney fees of Alvernia University.

Student's Name

Date

Student's Signature

Student's Alvernia University ID Number

I revoke my authorization for release of educational record information.

Student's Name

Date

Student's Signature

Student's Alvernia University ID Number