



*Office of the Registrar
 Mount Aloysius College
 7373 Admiral Peary Hwy
 Cresson, PA 16630
 (814) 886-6400
 Registrar@mtaloy.edu*

FERPA

You may, at your discretion, grant the College permission to release information about your student records to a third party by submitting a completed Student Consent to Release Educational Records authorization (FERPA form).

 Student Name

 Student ID Number

 Daytime Phone Number

 Last 4 #'s of Social Security

Third Party Designee(s)

1- _____
 Name

 Relationship to Student

 Address

 Daytime Phone Number

 City, State and Zip Code

2- _____
 Name

 Relationship to Student

 Address

 Daytime Phone Number

 City, State and Zip Code

Please *initial* one or more of the lines below to grant authorization for different types of information:

- _____ Business Office: Billing statements, charges, credits, payments, loan distribution, past due amounts, collection activity, communication history
- _____ Financial Aid Office: FAFSA application data, financial aid disbursement, eligibility, financial aid academic progress status
- _____ Health Services: Medical records, physician's notes, nurses' notes, personal health information, clinical clearances
- _____ Registrar's Office & Academic Advising: Grades/GPA, demographic, registration, student ID number, social security number, academic progress status, enrollment information, access to academic records, attendance, academic intervention forms, military benefits information
- _____ Student Conduct Records: Student misconduct incident reports, level I & II hearing results

Certification

I authorize the above third party(s), named above, to access the above indicated student record and/or account information. This authorization does not permit the third party(s) to make changes.

 Student's Signature

 Date

Registrar's Office:

Third Party PINS: PIN 1: _____ PIN 2: _____

Student's advisor: _____ Processed By: _____ Date: _____