Clarion University of Pennsylvania

Release of Information

Return completed form to:					
In Person: Clarion Campus					
	148 Becht Hall				
By Email:	registrar@clarion.edu				
By Fax:	814-393-2039				

By mail: Clarion University of PA Registrar's Office 840 Wood Street Clarion, PA 16214

Student's Name (Please Print)

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Clarion ID Number

The Release of Information form permits Clarion University to release my academic records, which include grade transcripts, class attendance information, student personnel records, credential files, financial aid records, and student accounting records, to my parent(s) or legal guardian(s) as listed below upon written request from them. **Please check the appropriate box below:**

	IGE L	JDELETE			
1 Name of Authorized	Parent or Le	gal Guardian	2 Name of Auth	orized Parent or Le	gal Guardian
Address			Address		
City	State	Zip Code	City	State	Zip Code
Relationship to Student (Ex. Mother, Father, Legal Guardian, etc.)		Relationship to Student (Ex. Mother, Father, Legal Guardian, etc.)			
 Telephone Number			Telephone Numb	er	

I give permission for Clarion University to release my education records to the individuals listed above for the purposes of supporting my educational goals. The release does not permit disclosure of my student records to any other persons or entities without my written consent, unless authorized by the Family Educational Rights and Privacy Act of 1974 which permits release to Clarion University school officials who demonstrate a legitimate educational interest. This authorization does not pertain to medical, counseling, or psychiatric records. I accept responsibility for notifying the Office of the Registrar, in writing, if this authorization should change. I understand it will remain in effect throughout my undergraduate enrollment at Clarion University.

Student's	Signature
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Date

Note: Parental names and addresses are also used to keep parents apprised of university news, events, and information.

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MF	F	М	MSF	FSM
SF	SM	PSF	PSM	LG

Office Use Only