



STUDENT INFORMATION RELEASE

I, _____, hereby authorize Neumann University to discuss*
my educational record(s) with:

Print Name: _____

Address: _____

Relationship to Student: _____

Print Name: _____

Address: _____

Relationship to Student: _____

Student Information - Please Print:

ID#: _____ Phone: _____

Address: _____

Student Signature: _____ Date: _____

Note: All signatures will be checked against a signature of record.

By completing and signing this release form, you are authorizing Neumann College to **discuss** any and all information which is housed in your education records to the individual[s] whom you have identified. With the exception of those instances authorized by FERPA to release information without the student's consent, any request for actual copies of your FERPA-protected educational information, including requests from the individual[s] cited above, requires your written and signed permission which must be sent to the Registrar. For additional information of your rights under FERPA, please see www.neumann.edu/academics/registrar.asp or call the Registrar at 610-558-5524.

*Please note that requests to discuss information in your education record will require the individual whom you have cited above to provide your birthdate and the last four (4) digits of your Social Security number as a cross-verification check.