



AUTHORIZATION TO RELEASE INFORMATION

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. I understand that in order for the Business Office and the Office of Financial Aid to respond to a written or verbal request for information by a person other than the student, a signed authorization must be on file.

Name of Student: _____ Student I.D. # _____

Permanent Address _____

By completing and signing this Authorization to Release Information, I hereby authorize the Business Office and/or Office of Financial Aid to release information to:

Name Relationship to Student

Name Relationship to Student

I understand that:

1. This authorization will remain in effect as long as I am enrolled as a student at Saint Anselm College and until such time as any financial obligations resulting from my enrollment have been satisfied;
2. I have the right not to consent to the release of information pertaining to my tuition account;
3. I have the right to receive a copy of my tuition account upon request;
4. This release will remain in effect until revoked by me, in writing, and delivered to the Business Office. Any such revocation shall not affect disclosures previously made by the Business Office prior to the receipt of such written revocation.
5. If I request a refund of the credit balance on my tuition account, and the amount is greater than \$100.00, the request will be made in writing by completing a Refund Request Form, and the refund will be made by check issued in my name and mailed to the permanent address given above.

Student's Signature

Date