



FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA) FINANCIAL INFORMATION RELEASE

The Family Education Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records, both financial and academic. For the student's protection, FERPA limits release of student record information without the student's explicit written consent; however it also gives the student's parent(s)/guardian(s) the right to review those records if the parent(s)/guardian(s) claim the student as a dependent on their Federal Income Tax Return.

Instructions: STUDENTS COMPLETE PART A OR PARENT(S)/GUARDIAN(S) COMPLETE PART B. Return the completed form to either the Business Office located in the Waller Administration Building or the Financial Aid Office located in the Student Service Center at 400 E. Second Street, Bloomsburg, PA 17815

PART A - TO BE COMPLETED BY THE STUDENT

If you want to authorize Bloomsburg University to disclose information to the below named person(s), please complete Part A, sign, and return this form to one of the Bloomsburg University offices listed above in the instructions.

Student Disclosure and Release of Information

I understand that any and all personally identifiable information concerning my financial and academic records is protected under FERPA. I further understand that I may waive that protection and give access of my records to individuals of my choice. This release allows the below named individuals to access records related to financial information from the **Business Office** and the **Financial Aid Office**.

I hereby given written consent under FERPA and allow the below-named person(s) to access information related to my financial records.

NAME (First, Middle Initial, & Last Name) Please Print

RELATIONSHIP TO STUDENT

I acknowledge that this written consent is valid as long as I am a student at Bloomsburg University. By signing this consent, I authorize Bloomsburg University to release any and all information relating to my financial records to the person(s) listed above. I understand that I can revoke this release at any time by notifying Bloomsburg University in writing.

Student Signature

Student ID #

Date

Student Name - Please Print

OR

PART B - TO BE COMPLETED BY THE PARENT(S)/GUARDIAN(S)

09-10

In lieu of a student's written consent, complete Part B of this form and **attach** a copy of your [parent(s)/guardian(s)] **2008** Federal Income Tax Return to certify that the student is your dependent according to Section 152 of the Internal Revenue Code. Part B is valid for only the current academic year. Since IRS dependency can change annually, you must submit copies of your Federal Income Tax Return each year along with this form to continue access to your student's records.

In order to gain access to my son/daughter's information related to financial records, I certify that I am the parent(s)/guardian(s) of

(please print) _____ with Student ID# _____ and that he/she is dependent according to Section 152 of the Internal Revenue Code.

Parent/Guardian Signature

Parent/Guardian Name - Please Print

Parent/Guardian Address:

Date

Note to Parents/Guardians: If your child is not a dependent as defined by IRS standards, we will only be able to release information about his/her financial records if he/she completes **Part A** of this form. In the case of divorce or separation where only one parent claims the child as a dependent, Bloomsburg University grants equal access to information related to financial records to the other parent if the information is completed in **Part B**. Exceptions to this rule include a court order or legally binding document stating otherwise.