

**AUTHORIZATION TO RELEASE EDUCATIONAL  
RECORDS TO THIRD PARTIES  
Cheyney University of Pennsylvania  
FERPA Waiver**

**Name of Student:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Instructions:** This form is to be used by students to grant access to their education records with Cheyney University. Please complete this form in its entirety and return the authorization to Cheyney University's Office Of the Registrar.

Access to students' education records and directory information is regulated by the Family Educational Rights and Privacy Act (FERPA - 20 U.S.C. § 1232g; 34 CFR Part 99) as well as the Internal Revenue Code (§152). The purpose of the Family Educational Rights and Privacy Act (FERPA) is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information contained in a student's university records. Parents/guardians and other third parties generally do not have an inherent right to access or inspect a student's records. However, parents/guardians and other third parties may access a student's education records with the written consent of the student.

**PART A:**

If you wish to authorize specific individuals to have access to your educational records and to discuss the contents of your educational records with Cheyney University administrators, please list them below.

<b>Name</b>	<b>Relationship to Student</b>
(a) _____	(b) _____
(c) _____	_____
(d) _____	_____

**PART B:**

Please initial which record(s) may be released under this consent:

- \_\_\_\_\_ Grades, Academic Standing, Transcript
- \_\_\_\_\_ Bursar/Financial Records (including student accounts & financial aid)
- \_\_\_\_\_ Disciplinary Records
- \_\_\_\_\_ All Educational Records
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**I understand that I have the right not to consent to the release of my educational records and I have the right to receive a copy of such records upon request. This authorization remains in force until a letter requesting the cancellation of the authorization is received by the University.**

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**To be Processed by the Office of the Registrar Only**

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Processed \_\_\_\_\_