Student Request to Share Educational Record Information with Third Party

The purpose of the Educational Rights and Privacy Act of 1974 is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information contained in a student’s College records. I understand that in order for the College to release information defined as educational records to any third party, this signed release must be on file.

As defined in Allegheny College Policy on the Privacy of Student Records, “Educational Records” include records directly related to a student, which are maintained by Allegheny College, such as admissions materials, transcripts/grades, student conduct records, financial records/billing statements, emails, and financial aid information. Educational records do not include: records of instructional, administrative, and educational personnel which are in the sole possession of the maker and are not accessible or revealed to any individual except a temporary substitute; law enforcement records of the Security Office; health records of the Health Center and Counseling Center; employment records of full-time employees who are also students; alumni records which contain information about a person after she/he is no longer in attendance at the College and which do not relate to the person as a student.”

I hereby authorize Allegheny College to release information only to the person listed below.

I ___________________________________ ___________________________ _______ (Student’s Last Name) (First Name) (M.I.)
Student ID # __________________________ Telephone Number: ___________________
E-Mail _______________________________

Authorize College officials to discuss my educational records with the following person. Please complete a separate form for each person.

Name: ______________________________________________________________________________
Telephone Number: ______________________ E-Mail ________________________________
Reason for Release _____________________________________________________________________

By signing this release, I understand and agree to the following:

- That the College may release to the person listed above, information regarding all of the following: admissions materials, transcripts/grades, student conduct records, emails, student financial accounts, and financial aid information.
- That individual College officials may choose to speak with the above named person but do not have to do so.
- That this authorization remains in effect until I provide a signed letter to revoke it.

________________________________________ __________________________
(Student’s Signature) (Date)