

Clarion University of Pennsylvania
Release of Information

**Return completed form to:
Registrar's Office
122 Carrier Administration
840 Wood Street
Clarion, PA 16214
Fax: 814-393-2039**

The Release of Information Form permits Clarion University to release my academic records, which include grade transcripts, class attendance information, student personnel records, credential files, financial aid records, and student accounting records, to my parent(s) or legal guardian(s) as listed below upon written request from them.

Student's Name (please print)

Clarion ID Number

1. _____
Name of Authorized Parent or Legal Guardian

2. _____
Name of Authorized Parent or Legal Guardian

Address

Address

City

State

Zip Code

City

State

Zip Code

Relationship to Student
(Ex. Mother, Father, Legal Guardian, etc.)

Relationship to Student
(Ex. Mother, Father, Legal Guardian, etc.)

Telephone Number

Telephone Number

I give permission for Clarion University to release my education records to the individuals listed above for the purposes of supporting my educational goals. The release does not permit disclosure of my student records to any other persons or entities without my written consent, unless authorized by the Family Educational Rights and Privacy Act of 1974 which permits release to Clarion University school officials who demonstrate a legitimate educational interest. This authorization does not pertain to medical, counseling, or psychiatric records. I accept responsibility for notifying the Office of the Registrar, in writing, if this authorization should change. I understand it will remain in effect throughout my undergraduate enrollment at Clarion University.

Student's Signature

Date

Note: Parental names and addresses are also used to keep parents apprised of university news, events, and information.

Office Use Only

MF	F	M	MSF	FSM
SF	SM	PSF	PSM	LG