

# UNIVERSITY OF THE SCIENCES IN PHILADELPHIA

## PERMISSION to RELEASE EDUCATION RECORD INFORMATION

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, the University requires written authorization from a student to release personally identifiable information, other than specified Directory Information, from Education Records it maintains. This applies to releases to all non-employees including parents.

This form may be used by a student to authorize a University official to release information as specified below.

STUDENT:

\_\_\_\_\_, \_\_\_\_\_ MI \_\_\_\_\_  
Last Name First Name MI USP ID#

USP EMPLOYEE OR OFFICE AUTHORIZED TO RELEASE INFORMATION (Please be specific):  
(The employee or office releasing information must keep this release on file.)

\_\_\_\_\_

PARTY TO WHOM INFORMATION WILL BE RELEASED OR WITH WHOM IT WILL BE DISCUSSED:

\_\_\_\_\_

INFORMATION COVERED BY THIS RELEASE:

Grades  Other Academic Performance  Career Goals  Letter of Recommendation

Other (specify): \_\_\_\_\_

THIS RELEASE IS VALID UNTIL (specify date): \_\_\_\_\_

I give permission for the USP employee or office named above to release or discuss information from my Education Records as indicated above. I understand that granting this permission is voluntary, and that I am not required to grant this permission in order to receive benefits or services from the University. I may rescind this release at any time by giving written notice to the USP employee or office named above.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(This form must be signed and dated by the student to be valid.)