

CALIFORNIA UNIVERSITY OF PENNSYLVANIA
Authorization for Release of School Records

Name of Student: _____ Social Security Number: _____

The Family Educational Rights and Privacy Act of 1974, as amended, was designed to protect the privacy of educational records, to establish the right of student to inspect and review their educational records, and to provide guidelines for the corrections of inaccurate or misleading data through informal and formal hearings.

I hereby authorize the release of any or all school records and /or grades, as requested to:

Name of person authorized to receive the records: _____

Address of person authorized to receive the records: _____

I certify that I have read and fully understand the foregoing statements.

Signature of the student: _____ Date: _____