Holy Family UNIVERSITY

Authorization To Release Financial Aid & Academic Information

The Family Education Rights and Privacy Act of 1974 (FERPA) is a federal law that protects the privacy rights of student educational records that are not considered directory information. Information may not be released to a third party (parents, spouse, siblings, etc.) without written consent of the student. The complete privacy policy can be found in the Holy Family University catalog, which is available at www.holyfamily.edu.

Return Form to:
Registrar's Office HFH 205
9801 Frankford Ave.
Philadelphia, PA 19114-2009
registrar@holyfamily.edu
Fax #: 215-281-9067

_____

Student Name (Please Print)   *Holy Family ID #*

INFORMATION TO BE RELEASED BY THE FINANCIAL AID OFFICE: *(Please check all that apply)*

☐ Financial Aid, which includes eligibility and types of aid awarded

☐ Academic Progress relating to possible loss of Financial Aid, which includes loans, grants and scholarships, due to GPA or number of credits earned

INFORMATION TO BE RELEASED BY THE BUSINESS OFFICE: *(Please check all that apply)*

☐ **All Account Information, OR;**

☐ Deferment/Cancellation – deferment/cancellation dates or amounts

☐ Due Amounts – balance, past due, pay-in-full, canceled amount, etc.

☐ Account Status – enrolled, grace, repayment, deferred, paid in full, etc.

☐ Collection Status – suspended, third party collection, pending assignment, assigned, etc.

☐ Payment Information – payment received date, amount, distribution, etc.

INFORMATION TO BE RELEASED BY ACADEMIC SERVICES (REGISTRAR'S OFFICE AND/OR ACADEMIC ADVISING):

☐ **All Academic Information**

INFORMATION TO BE RELEASED BY DIVISION OF STUDENT AFFAIRS:

☐ **All Student Affairs Information**

I authorize Holy Family University to release FERPA protected information to:

_____

(Name)   *(Relationship)*   *(Phone #)*

_____

(Name)   *(Relationship)*   *(Phone #)*

This authorization will be shared with all appropriate offices and will remain in effect until the student rescinds authorization using this form.

X_____

Student's Signature   *Date*

Termination of Authorization
I hereby rescind _____ from accessing all information from my educational record.
                                (Name)
X_____

Student's Signature   *Effective Date*