

AUTHORIZATION TO RELEASE INFORMATION

This form must be fully completed and signed by the student only

ID#	Name	.	
	LAST NAME	FIRST NAME	M.I.
withhold disclosure of personally ide disclosure or FERPA allows disclosur	entifiable information from e e. For more detailed informat g and submitting this request,	mily Educational Rights and Privacy Act ducational records unless the student has ion, please consult the Student Handbook I authorize the release of information, as statement and be released:	consented to under College
Person Full Name or Organization (P	lease Print)	Relationship to Student (Please Print)	_
Person Full Name or Organization (P	lease Print)	Relationship to Student (Please Print)	_
satisfactory academic pro- refunds/ returns/overpaym Academic Records (atten- recommendations, remain career assessment results).	egress (SAP), 1098-T and/ent). dance, academic standing, aing curricular requirement	rcial aid application/award, financial for institutional charges/ payments/ dis- grades, midterm evaluations, class sche ts and/or testing/assessment data (pla	sbursements,
Valid For:			
☐ Limited Use: This authority	zation expires on	(Date).	
☐ Long Term Use: This aut in writing, or until my separate		inuously in effect until I withdraw this a	uthorization
		consent to the release of my information an written notification to the Office of the Regi	
Signature of Student		Date	

RETURN TO:

In Person: Office of the Registrar, Monocacy Hall, 3rd Floor; student ID required. Email (registrar@moravian.edu): student must submit via Moravian College email. Mail: student must include a copy of their Moravian College ID and address to Office of the Registrar, Moravian College, 1200 Main St. Bethlehem, PA 18018