



Release of Information Form

FERPA guidelines, Heritage University may disclose basic information about me that is generally not considered harmful or an invasion of privacy without my consent, which is released as "Directory Information." This is notification that I do not want to be included in Heritage University Directory Information and that my education records should not be disclosed without my written consent, except as required by law.

STUDENT NAME: _____ SSN: _____ Student ID: _____

If you are granting permission for our office(s) to discuss your status with other designees, please complete this form and return it to the Student Services Office. IF YOU DO NOT RETURN THIS FORM TO HERITAGE UNIVERSITY, WE WILL NOT DISCUSS YOUR APPLICATION OR EMPLOYMENT STATUS WITH ANYONE OTHER THAN YOU.

Initial each that apply

Financial Data

___ **Accounts Receivable** – Student financial information (tuition, fees, payments, check availability, etc.).

___ **Financial Aid** – File status, award types and amounts, disbursement status, etc.

___ **Work Study** – Employment information (pay rate, start/end dates, job title, employer, supervisor name, etc.).

Student Data

___ **Admissions/Advising Center** – Registration and degree advising, etc.

___ **Registrar** – Student records information (transcripts).

___ This release is in effect from _____ to _____

___ This release is in effect as long as I am a student at Heritage University

I hereby give Heritage University Staff permission to discuss my files with:

_____ *Print name(s)* *Relationship to student*

_____ *Signature of Student* *Date*

Print in Presence of: _____ Sign: _____

(Must be Heritage University Employee & cannot be family member)

Registrar's Office Use Only:

_____ Entered in EX

_____ Date of PF Entry

_____ FA Staff Member Initials