

Pittsburg State University
FERPA RELEASE FORM
Dependent Tuition Waiver Program
Spouse and Employee Tuition Assistance Programs

Student Name _____ Student ID Number _____

Student Address _____ City, State, Zip _____

Phone Number _____ Date of Birth _____

I, the undersigned, hereby authorize PSU Office of Budget and HRS to release the following education records and/or information (identify records/information by checking all that apply):

- ☐ Fee Payment/Amount Due
- ☐ Financial Aid Awards
- ☐ Refunds
- ☐ Dependent Tuition Waiver/ Employee or Spouse Tuition Assistance

To (Name and Address of Person(s) to Receive Information):

Name _____ Name _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Relationship to Student _____ Relationship to Student _____

I understand further that: (1) I have the right not to consent to the release of my education records; (2) I have a right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to the Office of Budget and HRS at Pittsburg State University, but that any such revocation shall not affect disclosures previously made by the office prior to the receipt of any such written revocation.

Student's Signature

Dated

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.