SETON HALL UNIVERSITY
1 8 5 6

AUTHORIZATION FOR ACCESS TO STUDENT INFORMATION

The Family Educational Rights and Privacy Act of 1974, as Amended, accords privacy rights to students with respect to their educational records. A student may grant access to these records to a parent or guardian by the execution of this form. This release must be signed by the student and parent(s) or guardian(s). The completed form must be returned to the Office of the Registrar, Bayley Hall.

_____ _____ - _____
Student Name SHU ID Number

I authorize Seton Hall University to accord access to the following records to my parent(s)/others listed below.

SCOPE OF RECORDS TO BE RELEASED:

[ ] All educational records, including academic, billing and financial aid information
[ ] Just academic records [ ] Just billing records [ ] Just financial aid records

_____ _____
Student Signature Date

RELEASE IS GRANTED TO THE FOLLOWING PERSON(S):

_____ _____ _____ _____
Parent/Guardian Name Relationship Parent/Guardian Name Relationship

_____ _____ _____ _____
Parent/Guardian Signature Date Parent/Guardian Signature Date

_____ _____
Street Address Street Address

_____ _____
City, State, Zip City, State, Zip

_____ _____
Telephone Telephone

Please select a 4-digit PIN: _____ Please select a 4-digit PIN: _____

Use this PIN when calling regarding the student's records. Both parents may use the same PIN.

Please return this completed form to:
Seton Hall University
Office of the Registrar, Bayley Hall
South Orange, NJ 07079

This authorization remains in effect unless rescinded in writing by the student or upon withdrawal/graduation, whichever comes first.