

UNIVERSITY

REGISTRAR: 740/826-8164 • STUDENT FINANCIAL SERVICES: 740/826-8139 • STUDENT LIFE OFFICE: 740/826-8080 • ACADEMIC AFFAIRS: 740/826-8122

Family Educational Rights and Privacy Act Release of Information Request/Authorization For the Student or the Parent/Guardian

In accordance with the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. §1232), University policy prohibits the release, to third parties, of non-directory information contained in a student's educational records without the express written consent of the student or the request of a parent or guardian for information about a student who is their legal dependent for tax purposes. An exception to this policy is made when a student under the age of 21 is involved in alcohol or drug violations, medical emergencies, or violence-related incidents. In these cases, the parents or guardians are notified by the University. The request of a parent or guardian for information about a student who is their legal dependent for tax purposes takes precedence over the request of the dependent to withhold such information.

Complete Part A (students) OR Part B (parents/guardians).

Parents/Guardians must complete Part C if not presenting in person.

Part A: Student Authorization of R	elease of Information		
I hereby request/authorize Muskingum University personnel to disclose information or copies of academic, co-curricular, or any and			
all other records maintained by the institution (limitations noted below) to the following named individual(s):			
(Print – Name of Individual)	(Print – Name of Individ		Print – Name of Individual)
			nformation may be transmitted in person, through
		eleases Muskingum Uni	versity including its Board, employees, and agents, of
any responsibility for misappropriation of	the information released.		
(Print – Student's Name)	(Student's Signature)	(1	Date)
Part B: Parent/Guardian Request for Release of Information for whom student is a legal dependent for tax purposes			
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(Print – Name of Student)		(Print Parent/Guardian Legal Name)	
(Street Address)	(City/St:	ate/Zip Code)	(Phone)
,			one-half of his/her support from me during the
current taxable year, as a dependent pursuant to the federal tax code (26 U.S.C. §152). I have provided a copy of my mostrecent Federal			
Income Tax form which shows the above-named student as my dependent and understand this will be verified and remain on file with this			
request as part of the above-named student's record, and I hereby request/authorize Muskingum University personnel to disclose information			
or copies of academic, co-curricular, or any and all other records maintained regarding the aforementioned student. I understand that the			
student will NOT have access to the financial records submitted as part of this request. This authorization will continue during the current			
year, and proof of tax dependency must be submitted to the Vice President of Enrollment each year in order to maintain access to student's			
			ces or via mail. In signing this document, the
individual releases Muskingum University including its Board, employees, and agents, of any responsibility for misappropriation of the			
information released.			
(Parent/Guardian signature)		(Date)	
Part C: Notary Certification (Required if Part B is completed and the form is not presented in person to a University representative.)			
• • •	-	· me form is not present	ted in person to a emiversity representatively
State of: County of:			
Before me, a Notary Public, in and for the said state, personally appeared			
	6. 1 1. 4 1	(Print Legal Na	ame)
who acknowledged the signing thereo	if to be his/her voluntary act	and deed for the uses	and purposes therein. Sworn to me and
signed in my presence this	day of	, 20	. Affix Notary Seal Here
		,,	
(Print Notary Name)	(Notary Signa	ture)	(Commission Expiration)