

**Release of Information Form**

*(to be completed by the awarding unit and signed by the recipient)*

Name of Award: \_\_\_\_\_

Award Total Amount: \$\_\_\_\_\_ for the school year \_\_\_\_/\_\_\_\_ to be credited to account as follows:

\$\_\_\_\_\_ Semester

\$\_\_\_\_\_ Semester

\$\_\_\_\_\_ Semester

Thank you letter expected? \_\_\_\_ Yes \_\_\_\_ No

Name of Student \_\_\_\_\_

PSU ID # \_\_\_\_\_

“In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I hereby authorize the Pennsylvania State University to release personally identifiable information from my education records, including but not limited to major, activities, grade point average, financial need information, and other information to donors who will be considering me for the scholarship for which I have applied. This release of information is necessary for the selection process for the award. I also authorize the University to periodically release personally identifiable information to the scholarship donor for the purpose of updating the donor on my progress at the University. I understand that (1) I have the right not to consent to the release of my education records under FERPA; (2) I have the 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 Student Aid.”

\_\_\_\_\_  
Student Recipient Signature

\_\_\_\_\_  
Date