****If you have previously completed this form with Worcester State University, you do not need to submit it again unless you wish to make changes****

The Family Education Rights and Privacy Act (FERPA) affords students certain rights with respect to the student’s education records. Worcester State University cannot release any financial information, including refunds, pertaining to your account to anyone but you. If you would like to allow us to share financial information with a parent, guardian, spouse or other relative, please sign below.

I, ______________________________ authorize Worcester State University to discuss my Student Account with the following person/people listed below.

Signed ______________________________ ID # ______________________________

Date ______________________________

The following people are authorized to receive information regarding my account:

Name: ______________________________ Relationship ______________________________

Name: ______________________________ Relationship ______________________________

Name: ______________________________ Relationship ______________________________

I may rescind this authorization at any time by submitting a written request to the Student Accounts Office.

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o I would like my account to be confidential and information should only be released with proof of identification.

Signed ______________________________ ID# ______________________________

Date: ______________________________