Benedictine University
Informing today—Transforming tomorrow

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION TO PARENT(S)

Please return this Authorization Form to the Office of the Registrar, Lownik 103, scan in and email to #Registrars@ben.edu, or FAX to 630-829-6663

PRINT Student's Name			Student ID Number
Permanent Street Address	**City**	**State**	**Zip Code**

Please check:
☐ Academic
☐ Financial

Under the Family Educational Rights and Privacy Act (FERPA), **Benedictine University** is permitted to disclose information from a student's education records to parent(s) if student consents to the disclosure.

STUDENT CONSENT

(To be completed annually)

A. I allow the disclosure of any personally identifiable information from my education records to my parent(s) named below, for reasons determined by **Benedictine University** as appropriate. This authorization will remain in effect for the current academic year only or until I revoke it in writing.

SIGNED:_____ **Date**: _____

Please print.

Name/Relationship	Name/Relationship
Address	Address
City, State, Zip	City, State, Zip
Telephone	Telephone

B. I do NOT give my consent to the disclosure of information from my Education Records to my parent(s) effective immediately.

SIGNED _____ **Date** _____

PARENT CERTIFICATION

(To be completed annually if the parent requests student account and/or financial aid information)

If the student whose name appears above does not consent to the disclosure, but parent(s) claim student as a dependent for federal income tax purposes (and complete the Parent Certification below), Benedictine University may disclose Student Account and Financial Aid information to parent(s).

C. I certify that the student whose name appears above is my dependent for federal income tax purposes. I have attached a copy of my most recent Tax Return (Form 1040), as evidence of dependent status, having first removed or blocked out all financial information and all social security numbers except my own and that of the student. I understand that Benedictine University is not **required** to disclose student account and/or financial aid information from my dependent's records to me but **may do so** if I request the information in writing, and provide this certification and a copy of my tax return. This certification remains in effect for the current school year.

Print Parent(s) Name	Signature	Date

State of_____ County of _____

Signed and sworn to (or affirmed) before me on this_____day of_____, 20_____

_____ My commission expires: (SEAL)
Notary Public

COPIES: Permanent File, Student, Advisor, Financial Aid, Student Accounts, and Associate Vice President of Student Life