



DELAWARE VALLEY UNIVERSITY

INFORMATION RELEASE / RESPONSIBILITY FORM

RELEASE OF INFORMATION:

The purpose of the Family Educational and Privacy Act of 1974 (FERPA) is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information contained in a student's records.

RESPONSIBILITY:

Office of the Bursar: I understand that this release pertains to all information on my student account, including charges incurred, as well as financial aid and registration status. I understand that I am responsible for and agree to pay all charges I incur at Delaware Valley University ("the University"). If I withdraw, I must do so in accordance with the University Catalog and Student Handbook. I further understand that if my account becomes delinquent, my requests for services (e.g. transcripts, diplomas, official evaluations, etc.) will be denied until all debts are paid in full. I understand that I will be responsible to pay all fees if my account becomes delinquent and is turned over to a collection agency for payment, including collection fees and legal fees.

Office of the Registrar: I understand that this release includes but is not limited to grading, academic standing, academic information and advising notes. This release also allows a faculty member to communicate academic information to the below mentioned individuals. This does not include transcripts. Requests for transcripts can only be requested through written authorization from the student.

Office of Student Affairs: I understand that this release pertains to the contents of my student conduct records, both past and future.

In accordance with FERPA, the undersigned student hereby permits the University and its representatives to disclose the information specified below to the following individual(s) or agency(ies):

I, (print name) _____, Student ID # _____, authorize the following offices of the University to release information to the following individual(s) or agency(ies):

Name _____ Relationship to student _____ Phone _____

Office(s) that may release information to this individual or agency: Bursar Registrar Student Affairs

Name _____ Relationship to student _____ Phone _____

Office(s) that may release information to this individual or agency: Bursar Registrar Student Affairs

Name _____ Relationship to student _____ Phone _____

Office(s) that may release information to this individual or agency: Bursar Registrar Student Affairs

This consent shall be valid throughout the student's enrollment at the University and thereafter, but may be modified or rescinded in writing by the student at any time.

I understand that the information contained herein will remain in effect until I submit a revised Information Release / Responsibility Form to the Office of the Bursar. It is my responsibility to notify the University in writing of any changes in the above information.

I have read and understand the contents of this consent form pertaining to the Family Educational Rights and Privacy Act of 1974. I also understand that *the form must be notarized or signed in the presence of a staff member from one of the following offices: Registrar, Bursar, Financial Aid, Admission, Student Affairs, or other authorized University office.*

STUDENT SIGNATURE _____ DATE _____

Cell Phone _____ Staff Signature _____

If not signed in the presence of an authorized University staff member, please return **original notarized** form to:
Office of the Bursar, 700 E. Butler Avenue, Doylestown, PA 18901