

Please complete form and submit to:
Marietta College Student Accounts
215 Fifth Street, Marietta, OH 45750



Marietta College

The purpose of the Family Educational Rights and Privacy Act (FERPA) is to afford certain rights to students concerning their education records, including financial records. The Act specifically states that parents, spouses or other third parties have no inherent rights to inspect a postsecondary student's education records. The right to inspect is limited solely to the student. In order to comply with all of the provisions of the Act, College employees are restricted from providing certain information to anyone other than the student—regardless of who is paying the bill. Any student who wishes to permit other individuals access to financial records (i.e., billing and account information) may do so by signing an "Authorization to Release Financial Information" form and submitting it to the Student Accounts Office. Upon receipt of the signed authorization form, the Student Accounts Office may discuss student financial information with the designated individual(s). This authorization form applies only to release of student financial information.

AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

Marietta College adheres to the Family Educational Rights and Privacy Act, wherein the rights of a student who is attending an institution of postsecondary education, or is eighteen years of age, supersedes the authority of the parent(s) to make decisions regarding the student's records or account.

Any student who wishes to permit other individuals access to financial records may do so by signing the waiver below and returning it to Marietta College, Student Accounts Office, 215 Fifth Street, Marietta, OH 45750.

WAIVER

I, _____, Student ID# _____ (required)
(Print Name)

Hereby authorize release of information pertaining to my student financial account records with Marietta College to:

_____, Relationship _____
(Print Name)

_____, Relationship _____
(Print Name)

_____, Relationship _____
(Print Name)

_____, Relationship _____
(Print Name)

The release shall remain in effect until rescheduled by me in writing to the Student Accounts Office. Requested information may be provided to the requesting party by any of the following methods: In-person, telephone, mail, email or fax.

(Student Signature)

(Date)

Doc. Verified by: _____ Date _____