

## CONSENT TO RELEASE FINANCIAL RECORDS

<b>SECTION A:</b>				
Name of Student				
(Last First and Middle)		Date of Bi	irth	Date
Family Educational Rights and Privac of, and access to, your education re- are considered third parties under F written permission. You may choose and Financial Aid to authorize the re- parties.	cords. Parents, ERPA and cann to complete a	legal guardians, spous not access your records and submit this consen	es, Foundation at Johnson Co t form to Stude	ns and State Agencies ollege without your ent Business Services
SECTION B: Individual(s) you wish to Please enter the name and address records.	of each individ	ual you wish to have a	ccess to your s	tudent financial
Name (Last, First)		Address	Name o	f Organization
I authorize Johnson College to provi understand that, once this informat confidentiality of the information ca release of my student financial reco revocation section below and sendin Main Ave Scranton PA 18508	ion is released, innot be assure rds. I have the	the information is no ed. I understand that I I right to revoke this cor	longer protect have the right nsent at any tir	ed by FERPA and the not to consent to the me by completing the
Student's Signature:				Date:
SECTION C: Please sig consent.  I hereby REVOKE the right of the inc financial record and I am aware that	lividual(s) listed	d above to receive info	rmation conce	e revoking this
Student's Signature:	•			Date:
Please return this completed, signed Care at Richmond Hall 3427 N Main			Director of Fin	ancial Aid and Student