



# VILLANOVA UNIVERSITY

Office of the Registrar, 800 Lancaster Avenue, Villanova, PA 19085

Phone: (610) 519-4030 | Fax: (610) 519- 4033 | Email: [registrar@villanova.edu](mailto:registrar@villanova.edu)

## STUDENT CONSENT TO DISCLOSURE OF EDUCATIONAL RECORDS

**Please remember to SIGN and return this form to the Office of the Registrar.**

Fax: 610-519-4033 OR Scan and Email: [registrar@villanova.edu](mailto:registrar@villanova.edu) OR Mail: Office of the Registrar, 800 Lancaster Avenue, Villanova, PA 19085

Name: \_\_\_\_\_ Villanova Number: \_\_\_\_\_

### **Purpose of this Form**

Pursuant to the Family Educational Rights and Privacy Act (FERPA) Villanova University cannot disclose any information contained in the student's educational record without the student's written consent, except to the extent that FERPA authorizes disclosure without consent. A parent or spouse of a student does not have the automatic right to view the student's records without the express written consent of the student. Students may grant any third party (e.g., parent, spouse) permission to access his/her educational records by completing this form and returning it to the Office of the Registrar.

**I ( DO / DO NOT ) consent to full disclosure of my courses, credit hours, grades and financial records, at any time, to my parent(s), guardian(s), other individual(s) listed below:**

**Full Name (First, MI, Last)**  
(Please Print)

**Relationship to Student:**

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_