

EASTERN UNIVERSITY
Student Consent Form
 For Parental /Guardian Access
 (Optional)



Office of the Registrar
 1300 Eagle Road
 St. Davids, PA 19087-3696
 Tel (610) 341-5853
 Fax (610) 341-1707

Student SSN						Student's Name (Last Name, First Name, M.I)						Date of Birth																																			
Address (Street / Box / Apt)						City						State						Zip Code						Phone number																							
_____ Student's Signature																								_____ Date																							
Parent /Guardian to whom information may be released.																																															
Parent Name (Last Name, First Name, M.I)						Address (Street / Box / Apt)						City						State						Zip Code																							
Phone number/ e-mail address																																															
_____ Parent/Guardian Signature																								_____ Date																							
Other Parent /Guardian to whom information may be released.																																															
Parent Name (Last Name, First Name, M.I)						Address (Street / Box / Apt)						City						State						Zip Code																							
Phone number/e-mail address																																															
_____ Parent/Guardian Signature																								_____ Date																							
<p>The purpose of this consent form is to allow parental access to student information in compliance with (FERPA) the Family Education Rights and Privacy Acts of 1974, and the amendments to this act.</p> <p>Appointments are required prior to meetings with University personnel, including but not limited to:</p> <p>Academic Advisor College Deans Dean of Students Director of Cushing Center for Counseling and Academic Support Director of Financial Aid Senior Director Of Student Accounts University Registrar Vice Provost for Student Development</p> <p>Even with this signed consent, confidential information will not be provided over the telephone unless the request originates from an Eastern University office where the student is present. Information will be provided in person with picture identification or by letter with the signature of the above parent/guardian. For additional information concerning Eastern University FERPA compliance, contact Sarah Roche, University Registrar, at 610-341-5854 or sroche@eastern.edu.</p> <p>The student may revoke this consent at any time; however, the Office of the Registrar will notify each Parent/Guardian listed above of the revocation.</p>																																															

CAUTION!! (Please fill out the form below ONLY if you are revoking the parental / guardian rights CAUTION!!

I hereby REVOKE the right of the parent(s) / guardian(s) listed above to receive any information concerning my student file, and am aware that they will be notified of this revocation

Name of Parent (s)

Effective Date

Student's Signature/ ID#

Eastern University
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1300 Eagle Road
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FOR OFFICE USE ONLY

Date Parent/Guardian Notified

Initials

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