



Authorization to Release Information

I grant permission for the University of Pittsburgh – Titusville faculty, staff, and administration to release non-directory information pertaining to my student record to those listed below. This information includes, but is not limited to, student classification, grades, financial account status, financial aid, judicial affairs, and compliance with academic and institutional policies and procedures. This does not include medical or counseling information.

This release remains effective as long as I am enrolled as a student at the University of Pittsburgh – Titusville or until permission is revoked.

Student Name _____

Date _____

ID _____ Last 4 of SSN xxx – xx – _____

Those who may receive information pertaining to the above-mentioned student:

Name _____

Relationship _____

Student Signature _____

Name _____

Relationship _____

Student Signature _____

Name _____

Relationship _____

Student Signature _____
