

**ALBRIGHT COLLEGE  
WAIVER/RELEASE OF INFORMATION REQUEST**

I, \_\_\_\_\_, hereby authorize  
(student's name)

the appropriate College official to release the following records (check all that apply to this request):

- Disciplinary files related to incident below, including Charge Letter, Sanction Letter, statement of the accused, Appeal Sanctions, Verification of completion of sanction(s).  
Incident(s): \_\_\_\_\_ Date(s) \_\_\_\_\_
- Academic records and academic information. (Please note: This is not an official transcript request. A request for an official transcript must be made in writing and signed by the student.)
- Student account financial information
- Student financial aid information
- Public Safety reports
- Copy of this request
- Other \_\_\_\_\_

I would like this information released to (check all that apply):

- Me
- Advisor/Advocate  
Name \_\_\_\_\_ Title \_\_\_\_\_
- Parent/Legal Guardian  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_
- Student's Legal Counsel  
Name \_\_\_\_\_  
Address \_\_\_\_\_
- Other  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to the student \_\_\_\_\_

*Signing this form gives permission for the College to release your records upon request. It does not mean that information is automatically forwarded to the recipient.*

*This release will take place within 45 days of the written request as specified by the Albright College policy and the Family Educational Rights and Privacy Act (FERPA).*

*Proper identification must be provided at time of request.*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date information was released \_\_\_\_\_

I wish to cancel the above request.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

White copy: Student Affairs  
Yellow copy: Academic Affairs  
Pink copy: Other Department Indicated \_\_\_\_\_  
Gold copy: Student