CONSENT TO RELEASE FORM

This form is to be used to authorize the Warfel Center for International Programs and Services to report personal information to a home instituion or sponsoring agency and/or to revoke permission previously given.

Additional Explanation: Due to the Family Educational Rights and Privacy Act (FERPA), the Warfel Center and Registrar's Office cannot communicate anything about a student to a third party unless the student has authorized the third party to have access to their information.
- If you wish to provide authorization to a friend, family member, sponsor, or other third party, you must complete this Consent to Release Form.
- If at any time you wish to revoke your authorization, please submit a new form and indicate, "I revoke access to my student information."
- For more information about FERPA, visit https://www.millersville.edu/registrar/ferpaforstudents.php

First Name, Middle Initial	Last Name	Student ID Number

Party/Parties with Whom Information Can be Shared:

Choose all that apply:

☐ Student's Home Institution (Name & Details: _____)

☐ Student's Sponsoring Agency (Name & Details: _____)

☐ Parent(s) (List names: _____)

☐ Other (Name & Details: _____)

☐ Other (Name & Details: _____)

Instructions: Please check <u>one</u> (1) of the boxes according to your wishes and then sign and date below.

Authorize Permission

☐ I authorize the Registrar's Office or a representative of the Warfel Center at Millersville University to report my student information (such as registration, courses, credits, and academic standing) to the third party/parties named above as long as I am participating in a program of study at Millersville University or until I would revoke that permission.

Revoke Permission

☐ I revoke permission to report my student information to the third party/parties named above.

_____   _____
Signature   Date
Completed in DocuSign or submitted physically with wet signature

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(Form Updated 10/7/2025)