

Student Full Name _____

University of Pittsburgh at Johnstown

Student ID _____

Authorization to Release Student Information

I grant permission for members of the Pitt-Johnstown faculty, staff, and administration to release information pertaining to my academic, financial aid, or disciplinary status to those person(s) listed below. This includes information pertaining to student classification, grades, and compliance with academic and institutional policies and procedures. This release remains effective as long as I am enrolled as a student at the University of Pittsburgh at Johnstown or until I otherwise notify the Registrar's Office.

Please note: To authorize the release of your student account information please log into PittPAY and set up authorized users. Information can only be released to the students and those they authorize in PittPAY. (<http://www.upj.pitt.edu/pittpay>)

Student Signature _____ Date _____

Permission Granted to the following person(s):

	FULL NAME	RELATIONSHIP <small>(Please specify Mother / Stepmother, Father / Stepfather, Guardian, etc.)</small>	MAILING ADDRESS
1			
2			
3			
4			
5			

Incomplete forms will be returned to the student. Please return completed form to

Office of the Registrar
279 Blackington Hall
Johnstown, PA 15904

Office use only

Received:

Processed: