

## RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION (PII)

Personally Identifiable Information (PII) is protected under the Family Educational Rights and Privacy Act. Directory Information does not require the student's authorization, see the full FERPA policy on-line. Requests will be processed within 48 business office hours. Must have ID.

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Phone \_\_\_\_\_

### Section A: PII Verification One-time Release (To be completed by student)

PII information to be released:

- ☐ Verify Enrollment: Semester \_\_\_\_ All terms \_\_\_\_ ☐ Verify Degree: Grad Yr. \_\_\_\_  
☐ Verify Anticipated Graduation Date \_\_\_\_ ☐ Verify GPA: Cum \_\_\_\_ Semester \_\_\_\_  
☐ Other: \_\_\_\_\_

Letter to the attention of \_\_\_\_\_ at address or email. *Attach document if needed.*

\_\_\_\_\_  
Mailing Address, City, State, Zip Code or E-mail

Pick-up/Do not mail ☐

### Section B: Waiver to Discuss PII (To be completed by student)

Indicate the types of PII to be discussed with a Third Party, check all that apply. Examples are provided.

- ☐ **All Information**  
☐ **Admission** Application, application decision, conditions of admission  
☐ **Academic** Registration, courses, grades, academic progress, enrollment, transfer courses, athletic eligibility, advising notes  
☐ **Student Affairs** Discipline records, student organization involvement, housing  
☐ **Financial Aid** Application data, eligibility, awards and disbursements, Satisfactory Academic Progress for Financial Aid  
☐ **Student Account** Billing, charges, credits, payments, balances, collection activity, payment plans  
☐ **Other:** \_\_\_\_\_

Indicate the duration this waiver is to be active.

- ☐ Forever ☐ Until Graduation ☐ Specified Date \_\_\_\_\_

Indicate the Third Party (persons or organizations) to whom this release applies.

Name	Relationship to Student
_____	_____
_____	_____

### Section C: Student Acknowledgement and Signature

I, the undersigned, hereby authorize Heidelberg University to release PII from my educational record as indicated above. I understand that I am able to revoke this permission by submitting in writing to the Office of the Registrar.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

***This form can be returned to the Registrar's Office in University Hall or emailed from your Heidelberg account to [registrar@heidelberg.edu](mailto:registrar@heidelberg.edu)***