



# Peirce College Student Record Disclosure Consent Form

Please print, complete, sign, and return by email, postal mail, and/or facsimile to:

Enrollment Services  
1420 Pine Street  
Philadelphia, PA 19102

email: info@peirce.edu  
Facsimile No: 215.893.4347  
Phone No: 888.GO.PEIRCE, ext. 9380

It is the policy of Peirce College, in accordance with the Federal Educational Rights and Privacy Act (“FERPA”), to withhold disclosure of personally identifiable information from educational records unless the student has provided prior written consent to such disclosure or FERPA permits such disclosure without prior written consent. The purpose of the consent is to allow Peirce College to release educational record(s) or information contained in your educational records. Examples of personally identifiable information within an education record protected by FERPA include but are not limited to: transcripts, disciplinary files, information on student medical conditions, or other student services received through Walker Center, and social security numbers (in whole or in part).

**I consent to the disclosure of the following personally identifiable information from my education records as designated to the parties listed below:**

Check all that apply:  Enrollment/Degree Verification;  Course Invoice/Financial Aid;  Grades;  
 UNOFFICIAL Transcript:  Other (please specify below)

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Please send to my address on file  
 Email/fax/send to (please specifically identify the party to whom the information is to be disclosed as well as the specific contact information/method to be used for the disclosure(s): e-mail, fax, telephone, address, etc.):

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Check all that apply:  Enrollment/Degree Verification;  Course Invoice/Financial Aid;  Grades;  
 UNOFFICIAL Transcript:  Other (please specify below)

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Please send to my address on file  
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(For disclosure of personally identifiable information to additional parties, please complete a second form.)

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I understand that: (1) Peirce College will make a reasonable effort to preserve the confidentiality of personally identifiable information from my educational records that is sent by facsimile pursuant to this request; (2) Peirce College cannot guarantee that only the intended recipient(s), as identified above, will receive and/or obtain access to personally identifiable information from my educational records; and (3) neither Peirce College, nor its employees or agents, shall be liable for any unintended or unwanted or inadvertent disclosure, made pursuant to this request, of personally identifiable information from my educational records.

**This information shall remain in effect until:**

Date (please specify) \_\_\_\_\_

This is a one-time only request \_\_\_\_\_

Until I graduate \_\_\_\_\_

Other (please specify) \_\_\_\_\_

You have the right to revoke this authorization, in writing, at any time by sending such written notification to the above noted fax #/address. However, your revocation will not be effective to the extent that the College has previously taken action in reliance on this authorization.

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

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

Date: \_\_\_\_\_