

# UNIVERSITY OF THE PACIFIC

## STUDENT ACCOUNTS OFFICE

Finance Center 3601 Pacific Avenue Stockton, CA. 95211  
Phone: (209) 946-2517

### AUTHORIZATION TO RELEASE INFORMATION

The University, by its participation in federally funded programs such as Perkins and Stafford Loans and the Pell Grant programs, is bound by the guidelines set forth in the Federal Education Right and Privacy Act of 1974, (FERPA) Otherwise known as the Buckley Amendment.

This Act mandates that we safeguard and maintain the privacy and confidentiality of all student records, which prohibits any discussion of financial matters with anyone other than the student except by written consent of the student.

If you choose to give us permission to discuss your account with someone other than yourself (i.e. your parents, guardian, etc.) you must provide the following information for our records. Please complete and return this form to the Student Accounts Office. We have enclosed an envelope for your convenience. **\*\* Student's original signature is required. Fax / copies will not be accepted.**

**I hereby authorize the Student Accounts / Cashier staff to release financial information about me to the person(s) whose name(s) appear below\*for ANY account inquiry by authorized person(s) the following information must be given to Student Account staff:**

- Student ID number and name
- Authorized person's name

### PLEASE PRINT THIS INFORMATION

CHECK ONE: ( ) Original authorization ( ) Cancel / Modify authorization

STUDENT'S NAME \_\_\_\_\_

ID # \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

#### **Individuals to be Authorized/ Modified**

\* Name \_\_\_\_\_ Relationship \_\_\_\_\_

\* Name \_\_\_\_\_ Relationship \_\_\_\_\_

**\*\* Student signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please be advised this authorization will remain in effect during your enrollment with Pacific. In the event you wish to cancel or modify this release, you must complete this form again with *cancel or modifications indicated, sign* and return to the Student Accounts Office.**

**Important!** It is the *student's sole responsibility* to inform the Student Accounts Office of the **appropriate billing address.**