



# University of Pittsburgh Titusville

## Authorization to Release Information

I grant permission for the University of Pittsburgh – Titusville faculty, staff, and administration to release non-directory information pertaining to my student record to those listed below. This information includes, but is not limited to, student classification, grades, financial account status, financial aid, judicial affairs, and compliance with academic and institutional policies and procedures. This does not include medical or counseling information.

This release remains effective as long as I am enrolled as a student at the University of Pittsburgh – Titusville or until permission is revoked.

Student Name _____
Date _____
ID _____      Last 4 of SSN xxx – xx – _____

Those who may receive information pertaining to the above-mentioned student:

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Name _____
Relationship _____
Student Signature _____

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Name _____
Relationship _____
Student Signature _____

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Name _____
Relationship _____
Student Signature _____

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