



COPPIN STATE UNIVERSITY

2500 WEST NORTH AVENUE
BALTIMORE, MARYLAND 21216

REQUEST TO DISCLOSE INFORMATION TO PARENT(S) OR GUARDIAN(S)

By completing this form, the student is granting the University permission to release academic and financial information to designated individual(s).

Date: _____ Semester/Term: _____ ID# _____

Name: _____
 Print Last Name First Name Middle

I am requesting that the University release academic and financial information to:

_____	_____
Print Name of Person	Relation (e.g. parent or guardian)
_____	_____
Print Name of Person	Relation (e.g. parent or guardian)

I understand that the disclosure of information will be valid for only one semester/session and I am responsible for submitting a new form each semester/session if I wish to have information released. I also understand that I must submit a typed and signed request if I wish to change this disclosure or prohibit disclosure of academic and financial information. The form must be submitted to Records and Registration or Student Accounts or Financial Aid.

Student's Signature Date

Office of Financial Aid:	Telephone: 410-951-3636 Fax: 410-951-2551
Office of Student Accounts:	Telephone: 410-951-3677 Fax: 410-951-3678
Office of Records and Registration:	Telephone: 410-951-3700 Fax: 410-951-3713