

**2026-2027**

**ADELPHI**  
**UNIVERSITY**

**Student Last Name:** \_\_\_\_\_

**Student First Name:** \_\_\_\_\_

**Student AU ID #:** \_\_\_\_\_

## **2026-2027 FERPA Authorization**

To One-Stop Student Services Center,

I, \_\_\_\_\_ (student's first & last name), hereby authorize the One-Stop Student Services Center to speak with:

Person's name #1: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Person's name #2: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Person's name #3: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Regarding all information directly related to my account as it pertains to the One-Stop Student Services Center, including but not limited to aid eligibility, billing, payments, tuition, fees, etc. This excludes academic information, such as GPA, scholarship cancellation/renewal, etc.

I acknowledge that I may submit a subsequent notification in writing directly to the One-Stop Student Services Center to no longer release information to any or all of the individuals listed above.

Thank you,

Student signature: \_\_\_\_\_ Date of completion: \_\_\_\_\_

Parent name (Print): \_\_\_\_\_ Parent signature: \_\_\_\_\_  
*(If student is dependent)*