

# IN COMPLIANCE WITH THE FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT

Herewith, I grant Calvin Theological Seminary Financial Services Office the right to provide access for (List type of information to be provided.)

\_\_\_\_\_ (Tuition charges, Tuition payments, Rent charges, Rent payments, Scholarship details, Balance Only, All, etc.) account information to: (Name of person who may have access to your account information.)

\_\_\_\_\_

Access is to remain in effect until \_\_\_\_\_ (may not exceed one year).

Effective (today's) date: \_\_\_\_\_

My legal name (in English): \_\_\_\_\_

My signature: \_\_\_\_\_

My student account number: \_\_\_\_\_