

Villanova University

Student Record Parental Disclosure Form

Please print, complete, sign, and return by mail or fax to:

Office of the Registrar
Tolentine 202
800 Lancaster Avenue
Villanova, PA 19085
Fax: 610-519 - 4033

I (**DO** / **DO NOT**) consent to full disclosure of my courses, credit hours, grades and financial records, at any time, to my parent(s)/guardian(s):

_____ and _____

Student Name: _____

Social Security Number: _____

College: _____

Major: _____

Student Signature: _____

Date: _____