



## **Authorization to Release Student Education Record Information**

The Family Educational Rights and Privacy Act of 1974, as amended, protects the privacy of education records, establishes the rights of students to inspect and review their education records, and provides guidelines for the correction of inaccurate or misleading data through informal and formal hearings. This Authorization applies to the disclosure of education records. The student authorizing the release of his or her educational records must complete and sign this form before Northern Arizona University can release specified information. This form is to be completed and signed by the student.

### **I. Student Information:**

Name of Student: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_  
*Box # or Street City State Zip Phone*

Student I.D. Number: \_\_\_\_\_

### **II. Recipient Information:**

I authorize Northern Arizona University to release my educational records to the person(s) specified below:

Name(s): \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_  
*Box # or Street City State Zip Phone*

My educational records may be released upon written request by the listed person(s) bearing a signature, via mail or fax to the Office of the Registrar (see below).

### **Records Which May Be Released:**

All educational records, including but not limited to: Financial Aid, Disciplinary, Grades, Student Account.

### **III. Consent:**

The above information may be released with my full consent. I understand that this authorization remains in effect until my written revocation is received by the Office of the Registrar at the address listed below.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

Please return this form to:

Office of the Registrar  
PO Box 4103  
Flagstaff, AZ 86011  
Phone: 928-523-2109  
Fax: 928-523-1414