

**AUTHORIZATION FOR RELEASE OF
ACADEMIC INFORMATION
(FERPA RELEASE)**



IMPORTANT: ALL fields below are REQUIRED. The form will be returned if incomplete.

Student name: _____ **ID#:** _____ **Campus:** _____

Degree program: _____ **Major:** _____

I hereby waive my rights under the Family Education Rights and Privacy Act (FERPA) by authorizing Alliant International University to share information concerning my records and other "non-directory" information to the listed individual(s):

Name (last, first): _____ **Relationship to student:** _____

Reason for release: _____

Duration of release (mm/dd/yyyy to mm/dd/yyyy): _____

Name (last, first): _____ **Relationship to student:** _____

Reason for release: _____

Duration of release (mm/dd/yyyy to mm/dd/yyyy): _____

I acknowledge that this authorization is valid for the release of (please check one):

My entire education record (including for disciplinary, academic, financial aid, bursar records, etc.)

Grades for: **Term:** _____ **Year:** _____

Other: _____

I understand that I can revoke this authorization at any time by notifying the Registrar's Office in writing.

Student signature/date

Please submit the completed form to the Registrar's Office.

For Registrar's Office use only:

Enter information in the Student Notes & Progress option under the Utility Menu

Processed by: _____