Office of the Registrar
928-523-5490
Student Service Center
PO Box 4050
Flagstaff, AZ 86011
Fax: 928-523-7330
ServiceCenter@nau.edu

Optional Authorization to Release Student Education Record Information

The purpose of this release is to facilitate the communication of student information to authorized individuals identified by the student. Generally, this information will be released without student notification; however, the university reserves the right to notify students prior to the release of 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 as defined on the Office of the Registrar website at http://nau.edu/registrar/ferpa/info/ . The student choosing to release his or her educational records must complete and sign this form before Northern Arizona University can release specified information.

I. Student Information:

Name of the Student: _____
(Please print)

Address: _____
Box or Street # *City* *State* *Zip* *Phone*

Student ID Number: _____ NAU Email: _____@nau.edu

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 above).

Records which may be released:
All educational records, including but not limited to: Financial Aid, Disciplinary, Grades, and 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 above.

_____ _____
Student Signature *Date*

Processed by: _____ Date: _____