



AUTHORIZATION TO RELEASE ACADEMIC AND FINANCIAL RECORDS TO A THIRD PARTY

The Family Education Rights and Privacy Act (FERPA) prohibit an educational institution from releasing confidential information about a student without the student's consent. You can waive this right by completing this form.

This authorization will be effective until you withdraw it by re-submitting this form to Student Services Department.

I hereby authorize access to my academic and financial information (transcript, grades and all financial record(s)) to the following individual(s)

Print Full Name

Relationship

Student's Signature

Print Name

Date

Please send copies of the e-mails regarding my academics and financial information to:

E-mail address

I hereby cancel authorization to access my academic and financial information (transcript, grades and all financial record(s)) to the following individual(s)

Print Full Name

Relationship

Student's Signature

Print Name

Date

Please attach a copy of third party's ID card and submit this form to AUHS Student Services/Financial Aid Department.

Received by: _____
School Designated Official

_____ Department

_____ Date