

# ADVISOR RECORDS RELEASE AUTHORIZATION

**NOTE: Do not use this form to authorize another person (e.g., a parent) to view your grades, holds, enrollment information, student account transactions, and /or financial aid information online. Go to MyU > MyInfo > Parent Guest Access or to One Stop [Parent/guest access](#)**

**You must meet with your academic advisor prior to completing this form.**

To comply with the federal Family Education Rights & Privacy Act of 1974 (FERPA) and the Board of Regents' Policy on [Student Education Records](#), the University cannot provide certain information from your student record to a third party without explicit authorization. This restriction applies, but is not limited, to your parents/guardians, spouse, or sponsor. By completing, signing, and submitting this form to your advisor, you grant the listed University employee permission to release academic record information available for the purpose of academic advising to a third party for the specified purpose and time frame. **Even after permission is granted, University personnel do not automatically send information to a third party. The named University employee and their supervisor(s) retain the right to determine if, what, and how (e.g., in person, phone, e-mail) information is released to any third party upon request. The University also reserves the right to request the student's presence when releasing information to a third party.**

Submit the original of this completed form to your academic advisor, who will provide you with a signed copy for your records.

**PART A: Student certification (to be completed by the student)**

<b>Student's name:</b>	<input type="text"/>	<b>University ID#:</b>	<input type="text"/>
<b>University email:</b>	<input type="text"/>	<b>Phone #:</b>	<input type="text"/>
<b>OPTIONAL:</b> Indicate any specific information you do NOT want released to a third party	<input type="text"/>		

I hereby authorize the University employee named below to release my student record information to the third party(s) identified in PART B, as follows: academic progress status (*including, but not limited to, probation or suspension status and anticipated term of graduation*); major and minor; registration/enrollment (*including classes enrolled in and advisors' recommendations*); and graduation clearance/fulfillment of degree requirements. I understand that I may rescind this permission at any time by submitting a written, signed request to the originating academic advisor or the College Advising & Academic Services Director. **This authorization is in effect for one calendar year from authorization date.**

<b>Student signature:</b> <input type="text"/>	<b>Date:</b> <input type="text"/>
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**PART B: Third party authorization (to be completed by the student)**

<b>Full name of third party:</b>	<input type="text"/>	<b>Third party date of birth:</b>	<input type="text"/>
<b>Relationship to student:</b>	<input type="text"/>	<i>(used for verifying identity)</i>	
<b>Approved records release method(s):</b>	<input type="checkbox"/> Email: <input type="text"/>	<input type="checkbox"/> Phone #:	<input type="text"/>
	<input type="checkbox"/> In person <input type="checkbox"/> U.S. mail:	<input type="text"/>	
	<small>List street address, city, state, ZIP</small>		

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	<input type="checkbox"/> In person <input type="checkbox"/> U.S. mail:	<input type="text"/>	
	<small>List street address, city, state, ZIP</small>		

**PART C: University employee authorized to release records as specified above**

<b>Reviewed and approved by</b>	
<b>Employee name:</b> <input type="text"/>	<b>Date:</b> <input type="text"/>
<b>Employee signature:</b> <input type="text"/>	<b>Department:</b> <input type="text"/>