UNIVERSITY of ALASKA ANCHORAGE

Enrollment Services • 3211 Providence Drive • Anchorage, AK 99508 • 907-786-1480, option 5

Authorization to Release Education Record Information

The "recipient" is the person you allow the university to talk to about your school records. Enter their name, relationship to you, phone number and email address below. The recipient must be a person, not an organization.

Requested by (student):	Release to (recipient):
Full name:	Full name:
	We will be a second of the sec
UA student ID:	Relationship to student:
	Recipient's phone number:
	Recipient's email address:
	nie.
Reason/purpose of this release is:	
allows UAA to discuss my record, I understand that it official documents (like a transcript or diploma) on my protect my personal information and the integrity of my already submitted UAF's or UAS's FERPA release for	age to <u>discuss</u> the selected items below with the recipient listed above. While this form does not require them to do so, nor does it allow anyone to conduct business or to pick up behalf. I acknowledge that I should never share my UA login information with anyone to y academic record. I understand that I do not need to submit this form to UAA if I have m to one of those universities. I understand that if I have previously submitted a similar le another one to UAA. This authorization remains valid until I formally revoke it in writing
ACADEMIC RECORDS Includes courses taken, grades received, GF awarded and degrees awarded.	PA, academic progress, honors (including Chancellor's and Dean's Lists), transfer credit
ACCOUNTING	
Includes tuition and fee balances, financial is statements, collections information and deta	holds, mailing and billing address information, payment plans, accounting illed debt information.
conditions of admission (if any), catalog yea attending or previously attended UAA	ed, documents received, documents pending, date of admission, admission status and r and correspondence sent to student. This applies only to a student who is currently
BUDGET FORECAST – NEED SHEET	
community referrals, interventions, and follo	n Team) Idination of services that are designed to support student needs through internal or w-up services related to mental health and wellness, relationship conflicts, wsical wellbeing, and advocacy.
	on. Due to federal restrictions, information derived from a student's FAFSA application is
RECORDS	purposes, even with authorization from the student.
Includes current enrollment (including days,	times and location of enrolled courses), dates of enrollment activity (including us (full-time or part-time), residency status, semesters attended and mailing
ALL ITEMS ABOVE	
Student Signature	Dota