

Family Educational Rights and Privacy Act (FERPA)* AUTHORIZATION TO RELEASE INFORMATION

Student Name:

Student ID #:

The following are authorized to access or otherwise receive information as indicated below:

Name:

Relationship to Student:

Name:

Relationship to Student:

For security purposes, the following authorization password/code will be required of the person(s) authorized to obtain information:

Access is authorized to the following specific types of information:

- All academic/transcript records including but not limited to admissions, enrollment, GPA and graduation
- All disciplinary records
- All Financial Aid information including eligibility status, awards, returns or refunds
- All Financial records held by the Finance/Business Department including balances, debits, refunds
- Other:

Access is authorized for the time period indicated below:

- One-Time Use: This authorization may only be used once, on: _____
- Limited Use: Under FERPA, unlimited access to student records by a third party is not permitted. This authorization is valid from: _____ to _____

I hereby authorize Trident at AIU to release the educational records specified above to the person(s) listed on this form. I further authorize the person(s) listed to receive information via telephone, email, fax, U.S. mail and in person.

This consent does not extend to any other person or for a period exceeding that listed above.

Student Signature:

Date: