



CONSENT TO RELEASE EDUCATION RECORDS - EXCEPTION

REQUESTED BY (STUDENT)

LAST NAME

FIRST NAME

STUDENT IDENTIFICATION NUMBER

DATE

RELEASE TO (RECIPIENT)

LAST NAME

FIRST NAME

ORGANIZATION / SCHOOL

ADDRESS

EDUCATION RECORD INFORMATION TO BE RELEASED

PURPOSE OF RELEASE

I give permission to the AUD Registrar's Office to release the specified information to the recipient listed above.

- Transcripts
- Term Grades
- Official Letter
- Copy of Documents
- Other Specify _____

STUDENT SIGNATURE

OFFICE USE ONLY

Action Taken: Completed Filed Held Other _____

Registrar Staff Name

DATE