Information Release



Who needs to use this form?

Processed By:

Students who wish to add or remove an authorization for Augsburg University to release their private education records.

To add an authorization, complete sections 1 and 2.

To remove an authorization, complete sections 1 and 3.

Important Notes

- Consider which records the authorized party needs. It may not be prudent to allow complete access to all records.
- This consent is valid until expired or removed.
- Complete a separate form for each person/organization/department.
- The designated information will be made available only if requested by the authorized party.

How to Submit

In person: Enrollment Center Sverdrup Hall 101

By mail: Augsburg University, CB71 Registrar's Office 2211 Riverside Avenue Minneapolis, MN 55454

By email or fax: registrar@augsburg.edu Fax: 612-330-1425

		Fax:	612-330-1425
	1. Student Informati	on	
Student Name:			
Last	First	Midd	lle
Augsburg student ID:	E-mail address:		
	2. Add Authorization	on	
I authorize Augsburg University to rele	ease my private education records to the part	y below:	
Authorized Party (full name of person or	organization)		
Relationship to You			
Authorized Party E-mail			
Records covered by this authorization	(select all that apply):		
☐ Financial Aid/Finances ☐ Academic (enrollment, acc		rades/GPA (only provided verbally b	ry request)
Duration (if left blank, the authorization	will take affect on the date signed and will expire 5 y	ears from that date)	
Begin Date:MM / DD / `	End Dat	te:	
I understand that the records listed above that by allowing access I am authorizing A would otherwise be private and not accessi	include information classified as private under the ugsburg University to release to the authorized par ble to them.	Family Educational Rights and Priva rty above, and their representatives, i	cy Act. I understand nformation that
	d to release my information and that I may remove times, as requested. A photocopy of this authoriz		
	rily and I understand the consequences of giving t		
Student Signature:		Date:	MM / DD / YYYY
			MM / DD / YYYY
	3. Remove Authoriza	tion	
I wish to remove access to my education		Effective date:	
	(full name of person or organization)		MM / DD / YYYY
Student Signature:		Date:	MM / DD / YYYY
			MINI / DD / YYYY
	Office Use Only		

MM / DD / YYYY

Date: