



iPhD PROGRAM RELEASE FORM

**UAF Office of the Registrar**

Phone: 907-474-6300

Fax: 907-474-1590

uaf-registrar@alaska.edu

UoG Admissions & Records Office

Phone: 671-735-2202

Fax: 671-735-2203

admitme@triton.uog.edu

Government issued picture ID is required with this form.

Email or fax completed form with an enlarged copy of your government issued picture ID, as well as a signature, to both UAF and UoG.

Student Information

_____	_____	_____	_____	_____
Last	First	Middle Initial	UAF ID No.	UoG Student No.
_____			_____	
Mailing Address			Phone No.	
_____	_____	_____	_____	
City	State	Zip	Email Address	

Types of Information to Release	
<input type="checkbox"/> Accounting	<i>Includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements and collections and debt information.</i>
<input type="checkbox"/> Admission	<i>Includes dates of application, programs selected, documents received, documents pending, dates of admission, admission status and conditions of admission.</i>
<input type="checkbox"/> Registration	<i>Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.</i>
<input type="checkbox"/> Academic Records	<i>Includes courses taken, grades received, GPA, academic progress, honors, transfer credit awarded and degree(s) awarded.</i>
<input type="checkbox"/> Financial Aid	<i>Includes all general financial aid information. (Information derived from a student's FAFSA application cannot be disclosed to anyone other than the student.)</i>
<input type="checkbox"/> All Records	

The intent and purpose of this joint FERPA Release Form is to allow a two-way flow of information regarding a student's academic records from the University of Alaska Fairbanks and the University of Guam with staff and faculty at both schools.

I give permission for the University of Alaska Fairbanks (UAF) and the University of Guam (UoG) to freely exchange the student data **specified above**.

I authorize full access to my student records for all semesters/terms that I am enrolled unless explicitly revoked by me in writing, or until the following date: _____

Authorization

_____	_____
Student Signature	Date

Office use only		
ID Type _____	Verified By: _____	Date _____