



FERPA Release Form
The Family Educational Rights and Privacy Act

Business Office
Fax (907) 474-5898

Financial Aid
Fax (907) 474-7065

Registrar
Fax (907) 474-7097
PO Box 757495
Fairbanks, AK 99775

COMPLETED

LAST FIRST MI UA ID No.
Mailing Address: Cell Phone #:
Street & No. or PO Box: Email:
City, State, Zip:

This authorization is valid until canceled. This student may cancel this release at any time by submitting another FERPA form to the UAF Registrar.

I give permission for the University of Alaska Fairbanks to release selected items below to the recipient listed for the purpose of

Student Signature Date

AUTHORIZATION TO RELEASE EDUCATION INFORMATION

- ALL RECORDS
Accounting - Includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, collections information and debt information.
Admission - Includes date of application, program selected, documents received, documents pending, date of admission, admission status and conditions of admission.
Registration - Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.
Academic Records - Includes courses taken, grades received, GPA, academic progress, honors, transfer credit award and degrees awarded.
Financial Aid - Includes all general financial aid information.

PLEASE PRINT CLEARLY

(P = Parent, G = Guardian, S = Spouse, O = Other)

- Release to Cancel Name Relationship (Circle One): P G S O
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PICTURE ID IS REQUIRED WITH THIS FORM
If mailed or faxed, an enlarged photocopy of ID with a signature is required
Verified by:
Date:

