FERPA Release Form
The Family Educational Rights and Privacy Act

Complted

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

Mailing Address:
Street & No. or PO Box: ________________________________

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      ________________________________  Relationship (Circle One):  P   G   S   O
   Name

□ Release to  □ Cancel      ________________________________  Relationship (Circle One):  P   G   S   O
   Name

□ Release to  □ Cancel      ________________________________  Relationship (Circle One):  P   G   S   O
   Name

□ Release to  □ Cancel      ________________________________  Relationship (Circle One):  P   G   S   O
   Name

□ Release to  □ Cancel      ________________________________  Relationship (Circle One):  P   G   S   O
   Name

PICTURE ID IS REQUIRED WITH THIS FORM
If mailed or faxed, an enlarged photocopy of ID with a
signature is required

Verified by:
Date:

RECEIVED
Office use only
**What is FERPA?**
The Family Educational Rights and Privacy Act prohibits access to, or release of, education information without the written consent of the student.

Please refer to www.alaska.edu/studentservices/ferpa for a full explanation and regulatory exceptions.

**Why should I sign this form?**
If you sign this form, you are granting access to your education records for the person indicated. University representatives will be able to discuss your records without your written consent.

**Does everyone need to sign this form?**
No. Students should only sign this form if they want to give access to their education records to someone outside university personnel who have a legitimate educational interest.

**Can I change my mind?**
Yes. If you decide that you no longer want others to have access to your records, complete a new FERPA Release form to cancel the release.

**What types of information will be released to the designated parties if I sign this release?**
Education records as designated under FERPA may be released upon request by designated parties. This form does not give another party the right to act on your behalf.

**What does the university consider directory information?**
Directory information can be given out without the student’s written consent unless the student requests in writing to restrict it, or uses UAonline to put a confidential hold on their account. The University of Alaska defines the directory information:

- Student’s name
- Email address
- Hometown/city, state
- Dates of attendance
- Weight and height of students on athletic teams
- Program/major field of study
- Degrees and certificates received including dates
- Participation in officially recognized activities
- Academic and co-curricular honors awards and scholarships including dates received

To release information to a third party over the phone, an office must ask the third party to verify the following information:

- Student’s full name
- Students hometown and state
- Emergency contact information
- High school attended
- High school graduation year
- Campus attending
- Third party name & relationship to student