



FERPA RELEASE REQUEST

Office of the Registrar
907-474-6300 • 877-474-6046
uaf-registrar@alaska.edu

Office of the Bursar
907-474-7384
uaf-bursar@alaska.edu

P ____

Please provide a clear scan or copy of the student's government - issued photo ID. For more information about FERPA please visit <https://www.uaf.edu/reg/ferpa.php>

Request by (student):

Full Name

UA ID

This request is to:

- Release
- Cancel

Release to (recipient):

List one recipient per form.

Full Name

Relationship to student

Recipient's phone number

Recipient's email address

Reason/purpose of this release (Required):

Types of Information to Release

Academic Records Courses taken, academic progress, honors, degrees awarded, GPA, mailing address

Admissions Dates of application, programs selected, documents received, documents pending, dates of admission, admission status, conditions of admission, transfer credit awarded, residency status

Registration Current enrollment, dates of enrollment activity, enrollment status, semesters attended

Student Accounts Tuition and fee balances, financial holds, payment plans, collections and debt information

I permit the University of Alaska Fairbanks to discuss the selected items with the recipient specified above. While this form allows UAF to discuss my record, I understand that it does not require them to do so, nor does it allow anyone to conduct business or pick up official documents on my behalf.

FERPA release requests do not automatically expire. To cancel a release, submit another form, selecting the cancel option.

Student Signature (required)

Date

Office use only

ID Type _____ Verified By: _____ Date _____