



**Office of the Registrar**  
 Summerville Campus  
 Rains Hall  
 (706) 446-1430  
 registrar@augusta.edu

# STUDENT INFORMATION AUTHORIZATION RELEASE

In compliance with the federal Family Educational Rights and Privacy Act of 1974 (FERPA), the University is prohibited from providing certain information from your student records such as information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor.

At your discretion, you may grant the University permission to release information about your student records (grades, billing, tuition and fees assessments, financial aid [including scholarships, grants, work-study, or loan amounts] and other student record information) by submitting a completed Student Information Release Authorization. The information will be made available only if requested by the authorized individual.

Submit your completed form to [registrar@augusta.edu](mailto:registrar@augusta.edu). Please note that your authorization to release information has no expiration date; however, you may revoke your authorization at any time by sending a written request to [registrar@augusta.edu](mailto:registrar@augusta.edu). This form allows individuals to access student record information from any Augusta University campus.

NOTE: For individuals you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student record. However, it is University policy to not release certain aspects of student records (e.g., registration, grades GPA) over the phone or via email.

## PART 1: STUDENT INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

## PART 2: REQUEST INFORMATION

Authorized Person(s):

Name	Relationship	Last 4 Digits of SSN	Current Address	Phone Number

I, \_\_\_\_\_, hereby voluntarily authorize Augusta University officials in the department(s) identified below to disclose personally identifiable information from my education records.

Please initial in the box(es) that apply:

- All University Records
- Business Office (Student Account Information)
- Disciplinary

- Financial Aid and/or VA/Military Benefits
- Housing
- Registrar's Office (Grades, Transcripts, Academic Records)

Other – Please specify.

## PART 3: REQUIRED SIGNATURES

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_