Information Release

Who needs to use this form?
Students who wish to add or remove an authorization for Augsburg University to release their private education records.

To add an authorization, complete sections 1 and 2.

To remove an authorization, complete sections 1 and 3.

Important Notes
- Consider which records the authorized party needs. It may not be prudent to allow complete access to all records.
- This consent is valid until expired or removed.
- Complete a separate form for each person/organization/department.
- The designated information will be made available only if requested by the authorized party.

How to Submit
In person:
Enrollment Center
Sverdrup Hall 101

By mail:
Augsburg University, CB71
Registrar's Office
2211 Riverside Avenue
Minneapolis, MN 55454

By email or fax:
registrar@augsburg.edu
Fax: 612-330-1425

1. Student Information

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Augsburg student ID: __________________
E-mail address: _______________________

Student Signature: ____________________________________________________________________    Date:  __________________

MM  /  DD  /  YYYY

I understand that the records listed above include information classified as private under the Federal Family Education Rights and Privacy Act. I understand that by allowing access I am authorizing Augsburg University to release to the authorized party above, and their representatives, information that would otherwise be private and not accessible to them.

I understand that I am not legally obligated to release my information and that I may remove this consent at any time. During the authorized time period, this information may be released multiple times, as requested. A photocopy of this authorization may be used in the same manner and with the same effect as the original document.

I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

2. Add Authorization

I authorize Augsburg University to release my private education records to the party below:

Authorized Party (full name of person or organization)

Relationship to You

Authorized Party E-mail

Records covered by this authorization (select all that apply):

- Financial Aid/Finances (e.g., awards, status, charges, credits)
- Grades/GPA (only provided verbally by request)
- Academic (enrollment, academic progress, advising)

Duration (if left blank, the authorization will take affect on the date signed and will expire 5 years from that date)

Begin Date: __________________
End Date: __________________

I understand that the records listed above include information classified as private under the Federal Family Education Rights and Privacy Act. I understand that by allowing access I am authorizing Augsburg University to release to the authorized party above, and their representatives, information that would otherwise be private and not accessible to them.

I understand that I am not legally obligated to release my information and that I may remove this consent at any time. During the authorized time period, this information may be released multiple times, as requested. A photocopy of this authorization may be used in the same manner and with the same effect as the original document.

I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Student Signature: ____________________________________________________________________    Date:  __________________

MM  /  DD  /  YYYY

3. Remove Authorization

I wish to remove access to my education records for:

(full name of person or organization)

Effective date: __________________

Student Signature: ____________________________________________________________________    Date:  __________________

MM  /  DD  /  YYYY

Office Use Only

Processed By: __________________

Date:  __________________

MM  /  DD  /  YYYY

An equal opportunity educator and employer