



**Authorization to Release Information
to Parents, Designated Individual, or Spouse**

The purpose of the Educational Rights and Privacy Act of 1974 is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information contained in a student's college records.

Therefore, I _____ ID # _____
 First Middle Last

CB # _____ E-mail _____@augsborg.edu

Authorize Augsburg College Registrar Office, Student Accounts Office, Academic Advising, and Financial Aid Office to release information to:

First Middle Last Relationship to Student

Address Phone Number

City State Zip

First Middle Last Relationship to Student

Address Phone Number

City State Zip

I understand that this pertains to information regarding **ALL** of the following: **Accounts Receivable** (itemized charges and credits); **Financial Aid** (itemized charges, credits and refunds); **Registration Information** (academic information which may include but not limited to number of credit hours, courses dropped and added, and grades).

The above information will be released with my **FULL CONSENT**. I understand that this authorization remains in effect from today through my graduation or my withdrawal from Augsburg College. It will be necessary to send a written letter to revoke this authorization prior to the end date indicated above.

Please return completed form to the Enrollment Center/Registrar Office.

Signature _____ **Date** _____