To: Record Custodians
The University of Akron
Akron, OH 44325

You are hereby authorized and instructed to disclose, make available, furnish and release the following information relating to or concerning me to the assignee(s) without my further consent:

Authorized Individual(s) Name(s): __________________________________________________________

Relationship to Student: __________________________________________________________________

_____ Academic Grades/Records  _____ Enrollment  _____ Academic Advising

_____ Financial Records  _____ Financial Aid Records  _____ Other Information
   (please specify):

_____ Housing/Campus Activity
   Information and Actions

_____ Disciplinary Proceedings
   and Outcomes

The information on this form must be updated annually. This authorization shall be considered as a waiver of any and all my rights and/or privileges as provided under the Family Educational Rights and Privacy Act of 1974 (FERPA) and/or the Gramm-Leach-Bliley Act (GLBA).

A photocopy of the authorization shall be considered as valid as the original document.

Date: ______________________  Name (please print)

Student ID Number: ______________  Signature

Note to Student: To finalize the processing of your Authorization Request, YOU must deliver this form IN PERSON to the appropriate office along with photo identification. This form will not be accepted without proof of identification in order to ensure the protection of your information.

Note to Offices: Copy to be sent to each area checked above by the office receiving original. Please retain copy in appropriate file.

Rec’d date: _________  Processed date: _________  Processor’s initials: _________

Dear student,

If, in the future, you wish to rescind your request to release records, you must return to the office where you submitted this form and sign below.

I hereby rescind my request to release information to the above named individual.

Date: ______________________  Signature