

Authority for release of Academic, Student Account, and/or Financial Aid information

The Family Educational Rights and Privacy Act of 1974, as amended, prohibits release of a student's academic information without the student's written consent.

Campus: _____ Student Name: _____

List all Previous Names: _____

Social Security Number: _____ Date of Birth: _____

Current Address: _____

Home Number: _____ Work Number: _____

E-mail address: _____

Release of Academic Information (Please initial to release information)

_____ In accordance with this Act, I authorize National American University to release my academic grades to:

Release of Student Account Information (Please initial to release information)

I authorize National American University to use the above e-mail address to communicate information to me _____ regarding my account status. This authorization will terminate immediately upon completion of my student _____ account/financial aid obligations, or upon my written request.

Release of Financial Information (Please initial to release information)

I authorize National American University to release any and all financial information to the individual(s) listed _____ below. This authorization will terminate immediately upon completion of my student account/financial aid _____ obligations, or upon my written request. I authorize NAU to release my financial information to (please print):

| | | |
|-------|-------------------------|-------|
| _____ | Relationship to Student | _____ |
| _____ | Relationship to Student | _____ |
| _____ | Relationship to Student | _____ |

Student Signature: _____

Date: _____