



**Authorization for Release of Confidential Information**

Reason for request (select one):  New release  
 Update an existing release  
 Rescind an existing release

Name of authorized individual/company: \_\_\_\_\_

Relationship:  Agency  Donor  Employer  Family  Friend

For a new or updated release, please provide a 6 digit alpha-numeric passcode and answers to the three security questions. The identified individual/company will need to provide the passcode or answer the three security questions before confidential information will be shared:

6 digit alpha-numeric Passcode \_\_\_\_\_  
First name of your childhood best friend? \_\_\_\_\_  
Last name of your third grade teacher? \_\_\_\_\_  
Least favorite food as a child? \_\_\_\_\_

For a new or updated release, please check the box(es) for the area(s) of confidential information you are authorizing to be released to the above identified individual/company without your further consent:

- Academic Advising
- Financial Aid
- Residence Life/Housing
- Student Affairs/Dean of Students
- Academic Records/Enrollment
- Learning Experience/Classroom
- Student Accounts/Billing
- Student Conduct

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.

**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.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Name (please print)

Student ID Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

Rec'd date: \_\_\_\_\_  
Processed date: \_\_\_\_\_  
Processor's initials: \_\_\_\_\_