

Student Authorization to Release Educational Record Information



Name		AUID #	
Email		Date	
Date Needed		Date of Birth	
Records Requested		Purpose	
Disclosures Law School Application GPA Class rank Other:		Bar Admission Employment Scholarship Other:	
<i>I understand that the Family Educational Rights and Privacy Act (FERPA) protects the confidentiality of my student education records ("Education Records") and that American University may only release these records to third parties with my prior written consent or as otherwise permitted by law. Intending to waive my right to confidentiality, I consent and direct American University Washington College of Law to release information from my Education Records to the following recipient (organization/person):</i>			
Recipient Name		Company/ Institution/Entity	
Recipient Email		Recipient Phone Number	
Complete Recipient Mailing Address			
<p>PLEASE NOTE THE FOLLOWING:</p> <ul style="list-style-type: none"> • Certain offices may require the use of a specific release form other than this form. • I understand that I may inspect or receive a copy of the information disclosed, upon request. • I understand that this authorization will remain in effect throughout my continuous enrollment at American University Washington College of Law, unless I revoke access in writing (dated and signed) to the custodian of the Education Record (e.g., advisor, dean's office, Registrar, administrative office) or am no longer in active status. 			
By signing below, I hereby authorize American University Washington College of Law to release my Education Record information as specified above. Further, I agree to release, indemnify, and hold harmless American University Washington College of Law, its employees, officers, and agents, from all liability for damages of whatever kind which may result on account of the university's compliance, or any attempts to comply, with this authorization.			
Student Signature		Date	
Special Note to Recipient of the Education Record: Please be advised that the recipient of records under this authorization may <u>not</u> redisclose information from education records without the prior written consent of the student or as permitted by law.			
<u>OFFICE USE ONLY</u>			
Custodian: _____ Initials: _____ Date Verified: _____ Copy to Recipient: _____ <i>The student must complete this form in its entirety, provide a photocopy of his/her current AU Student ID or other identification with the completed form, and submit the request to the custodian of the Education Records, who will verify the request. In the case of academic units or releases involving multiple offices, staff using this form will transmit a copy to the Office of the Registrar. A revocation of this authorization or other changes to the form must also be transmitted to the Office of the Registrar.</i>			