

North Dakota University System FERPA Release Form

I, _____ the undersigned, authorize _____
(Please print full name) (name of institution)
to release the following educational records upon request:

Check all that apply:

- _____ All financial records (these records include, but are not limited to, Financial Aid, Business Office, Residence Life, Dining Services, Activity Card Charges, Bookstore Charges, and Student Health Services Charges)
- _____ Academic record/transcripts (If a transcript is to be sent to an address other than that on file at the above named institution, a written request must be signed by the student or other party to whom student has permitted release of such records).
- _____ Other(please specify): _____

Persons to whom information may be released:
(PLEASE PRINT)

1. _____
Name Organization (if applicable)

2. _____
Name Organization (if applicable)

I acknowledge by my signature that I understand although I am not required to release my records, I am giving my consent to release the information. I understand that this release remains in effect unless I revoke such consent in writing and the revocation is delivered to the institution.

Signature of Student

Date

SSN or EMPLID