

FERPA POLICY RELEASE FORM

ALASKA PACIFIC UNIVERSITY

Please print legibly

Name of Student: _____ (Please Print) APU ID#/SSN: _____

Phone: _____

This is to authorize release of my educational records to (print name and address):

This authorization includes (check all that apply):

- Academic Records from the Registrar's Office
- Account Information & Financial Aid Records from Student Financial Services
- Disciplinary Information from the Dean of Students Office

I understand that once this release is filed with the Registrar at Alaska Pacific University it becomes a part of my permanent record file until I notify the Registrar, in writing, that the release is no longer valid.

Signature of Student _____ Date: _____

[Registrar's Office – Revised 08/17/2005]