UNIVERSITY OF NORTHWESTERN
ST. PAUL

Student Authorization to Release Information

***Explanation*:** University of Northwestern – St. Paul maintains confidentiality of student educational records in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974 as amended. As of the first day of classes, your educational records belong to you, the student, and not your parents (as during your K-12 years), spouse, or others. By filling out and signing this release and submitting the form to the Registrar's Office, you are giving Northwestern school officials the right to communicate with the person(s) you designate below (which can include yourself) about your educational records as indicated below. The specified educational records may be made available only if requested by the authorized individual/third party as Northwestern does not automatically send identified information. You may revoke this permission for any designated individual/third party at any time by completing the bottom portion of the form.

By signing this consent, I, the student, expressly authorize University of Northwestern – St. Paul, including its agents or employees, to release my educational record information indicated below to the party listed below. I agree to release, discharge, and hold harmless University of Northwestern – St. Paul from any and all liability whatsoever arising out of its release or use of information pursuant to this release regardless of its accuracy.

I understand that this authorization has no expiration date, but may be revoked in writing by me at any time except to the extent that action has been taken in reliance upon it. A photocopy of this authorization and release shall have the same force and effect as the original hereof digitally or physically signed by me. I further acknowledge that I have carefully read this release, fully understand its terms and legal significance, and execute it voluntarily.

Student Name:	**Student ID:**	**Date:**

INDIVIDUAL/THIRD PARTY #1

Release to (your name or name of individual, company, school, organization, parents John & Jane Doe, etc.):	**Password*:**
Information to be Released (e.g., grades, GPA, academic standing [e.g., probation], all academic records, etc.):	
Purpose of Release (e.g., provide parental access to specified records, employment opportunity, mission opportunity, letter of recommendation, etc.):	

***Only needed if listed person will contact UNW school officials for "information to be released." Password not needed for letters of recommendations.

INDIVIDUAL/THIRD PARTY #2

Release to (your name or name of individual, company, school, organization, parents John & Jane Doe, etc.):	**Password*:**
Information to be Released (e.g., grades, GPA, academic status [e.g., probation], all academic records, etc.):	
Purpose of Release (e.g., provide parental access to specify records, employment opportunity, mission's opportunity, letter of recommendation, etc.):	

***Only needed if listed person will contact UNW school officials for "information to be released." Password not needed for letters of recommendations. Do not use SSN.

I authorize University of Northwestern – St. Paul school officials to release and/or communicate my educational records with the above individual/third party. I understand that this individual/third party must identify themselves to Northwestern by use of the password which I have given them and that I am responsible for keeping it secure.

Student Signature: **Date:**

Student: Complete information below this line only if you are removing authorization for any of the above individuals/third parties.

I hereby REMOVE authorization to release information to the party listed in Individual/Third Party #1 section above.

Student Signature: **Date:**

I hereby REMOVE authorization to release information to the party listed in Individual/Third Party #2 section above.

Student Signature: **Date:**