

## Office of the Registrar

2500 Walton Way, Rains Hall  
 Augusta, GA 30904  
 T (706) 446-1430  
[registrar@augusta.edu](mailto:registrar@augusta.edu)

Mailing Address:  
 1120 15th Street  
 Augusta, GA 30912



## Student Information Release Authorization

In compliance with the federal *Family Educational Rights and Privacy Act of 1974* (FERPA), the University is prohibited from providing certain information from your student records such as information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor.

At your discretion, you may grant the University permission to release information about your student records (grades, billing, tuition and fees assessments, financial aid [including scholarships, grants, work-study, or loan amounts] and other student record information) by submitting a completed Student Information Release Authorization. The information will be made available only if requested by the authorized individual.

Submit your completed form to Office of the Registrar, Augusta University, at the address given above. Please note that your authorization to release information has **no expiration date**; however, you may revoke your authorization at any time by sending a written request to the same address. This form allows individuals to access student record information from any Augusta University campus.

NOTE: For individuals you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student record. **However, it is University policy not to release certain aspects of student records (e.g., registration, grades GPA) over the phone or via email.**

### STUDENT INFORMATION

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NAME (LAST, FIRST, MIDDLE INITIAL)

AU STUDENT ID

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NUMBER CURRENT ADDRESS (STREET/PO, APT, CITY, STATE & ZIP)

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DAYTIME PHONE

AU EMAIL ADDRESS

I, , hereby voluntarily authorize Augusta University officials in the department(s) identified below to disclose personally identifiable information from my education records. (Please initial in the box(es) that apply):

Registrar  
 Grades/Transcripts/Academic

Business Office  
 Student Account Information

Financial Aid  
 VA/Military Benefits

Housing

Disciplinary

All University Records

Other (Please Specify)

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### AUTHORIZED PERSON(S)

NAME/RELATIONSHIP	LAST 4 DIGITS OF SSN	CURRENT ADDRESS	PHONE NUMBER

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STUDENT'S SIGNATURE

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DATE