Student Authorization for Release of Information

For Office Use Only
Student ID Verified _____________     _____________        Entered in system _____________     _____________                                            Rev. 02/2011

Student Name ______________________________________________                    UNC Asheville ID ____________________

UNC Asheville email address _______________________@unca.edu                          Phone Number ______________________

The Family Educational Rights and Privacy Act (FERPA) prohibits The University of North Carolina at Asheville from releasing non-directory* information to anyone other than the student. However, the student may voluntarily waive the right to privacy to the person(s) identified below. By completing the form, the student grants the named person(s) access to the indicated information in the student’s educational record. Please note that some information cannot be given over the phone.

*Directory Information is defined as: student’s name, address, telephone number, date and place of birth, entrance status, classification, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received (including Dean’s List, Chancellor’s List and scholarships), and the most recent educational agency previously attended by the student.

This FERPA waiver applies to the following information:

(AH) Academic History, including but not limited to grades, academic standing, and class schedule.

(SA) Student Account, including but not limited to fines, fees, refunds, or balances due.

(FA) Financial Aid, including but not limited to application, awards, eligibility, and restrictions.

(OT) Other Information as indicated by the student below.

I hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA) by authorizing UNC Asheville personnel to share the following confidential information with the person(s) named:

Circle information type(s) being released to each party:

AH SA FA OT

_______________________________________ (name) ____________________ (relationship)

_______________________________________ (name) ____________________ (relationship)

_______________________________________ (name) ____________________ (relationship)

Other Information (if applicable): _______________________________________________________________________

Please set a password that we may use to verify the identity of the parties listed above:

_______________________________________

I understand that this authorization for the release of Academic History, Student Account, Financial Aid or Other Information will remain in effect until I officially request that the authorization is revoked.

Student's Signature ______________________________________________          Date _____________________

UNC Asheville Representative ________________________________________           Date____________________

UNC Asheville representatives must verify the student’s identity with a photo ID.

If not completed in the presence of a UNC Asheville representative, this form must be notarized below:

For Notary Public’s Use only:
Subscribed and sworn to me this the _____ day of ________________, 20__
Printed Name ______________________________________________________
Signature __________________________________________________________
My Commission expires _____________________________________________ (Notary Stamp/Seal)

Please Note: This request to release non-directory information remains in effect until the student provides written notification, in person or notarized copy, that the request is revoked.