



Student Information Release Authorization

Carefully read this statement regarding the release of student information. The purpose of the Family Educational Rights and Privacy Act (FERPA), is to protect the privacy of information concerning individual students by placing restrictions on the disclosure of information contained in a student's individual record. In order for the university to release records and information related to a student, a signed authorization must be on file with Utah Valley University (UVU).

I authorize the release of any and all academic, financial aid and financial information requested by said party regarding my activities while attending Utah Valley University (UVU). Information will be available to said party until such time as revoked, by me in writing.

Student initials: _____

COMPLETE FOLLOWING SECTION – PLEASE PRINT

Student Name (First, MI, Last)	UV ID #
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I hereby authorize the following individual(s) access to my Utah Valley University (UVU) academic, financial aid and financial information upon request with proof of photo identification (or verification of password for telephone conversations):

Names of Person(s) to be given access	Relationship to Student	Date of Birth (MM/DD/YYYY)	Password
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please note: This will be effective until the Registrar's Office is notified in writing to discontinue.

 Student Signature Date

NOTARY PUBLIC

State of _____
 County of _____

Subscribed and sworn before me this _____ day of _____, 20_____.

by _____

Seal

Notary Public

My Commission Expires

OFFICE USE ONLY:	
Received by: _____ (please print name)	Date: _____ Initials: _____
Dept: <input type="checkbox"/> One Stop / Registrar's Office <input type="checkbox"/> Financial Aid <input type="checkbox"/> Bursar's <input type="checkbox"/> Leave of Absence	
<input type="checkbox"/> Noted on SPACMNT (RSI)	Date: _____ Initials: _____