

Augustana College - Office of the Registrar Release of Information Form

please print legibly

Name: _____ Student ID# _____ Code Word: _____
(the code word may not be your student ID#, your date of birth or your Social Security Number)

I _____, release my education records as noted below in order for
(print your name)

_____ to discuss my education records in detail
(print campus employee or campus offices)

with the following individuals listed below. If information is to be shared by fax, phone or email the following must be provided for each: (list persons, organizations, companies, or parents with whom these records may be shared.)

First and Last Name	Email Address	Records that may be Released*
_____	_____	_____
_____	_____	_____
_____	_____	_____

*List specific records/information for release. If no record or "all" records are listed here, the student should assume that can include all education records, but is not limited to:
academic records and transcripts;
behavioral records;
financial aid, tuition and billing information;
e-mail correspondence to and from the student; and/or
personal notes on the student

By signing this form I acknowledge that the individual(s) listed above must provide my code word upon request before information will be shared and information may be shared with those I have listed above through contact by phone, in person, hard-copy, fax or by e-mail and/or email attachment.

Signature

Date

If needed, please see reverse side of form for Statement to Rescind.

Statement to Rescind

By checking this box I declare that I rescind my request to release information to the individuals listed above effective immediately. If I wish to provide access at a later date a new form will be required.

Signature

Date

bsb 6-25-19

Options for submission after you print, complete and sign:

Return hard copy to Founders Hall, 639 38th Street, Rock Island, IL 61201

Fax to 309.794.7544

Email pdf to: registraroffice@augustana.edu