

UNIVERSITY of ALASKA ANCHORAGE
Enrollment Services • PO Box 141629 • Anchorage, AK 99514-1629 907-786-1480

For Official Use Only

Authorization to Release Education Record Information

Requested By (Student):

Release To (Recipient/s):

LAST NAME FIRST NAME MIDDLE

LAST NAME FIRST NAME MIDDLE

STUDENT IDENTIFICATION NUMBER

RELATIONSHIP

DATE

ADDRESS (if recipients are parents with different addresses, must use separate form for each parent)

CITY, STATE, ZIP

I give permission for the University of Alaska Anchorage to **discuss** the selected items below to the recipient/s listed above. While this form allows UAA to discuss my record, I understand that it does not **require** them to do so, nor does it allow anyone to conduct business or to pick up official documents (i.e. transcript, diploma) on my behalf.

STUDENT SIGNATURE

ACADEMIC RECORDS

Includes courses taken, grades received, GPA, academic progress, honors (including Dean's list), transfer credit awarded and degrees awarded.

ACCOUNTING

Includes tuition and fee balances, financial holds, mailing & billing address information, payment plans, accounting statements, collections information and detailed debt information.

ADMISSIONS

Includes date of application, program selected, documents received, documents pending, date of admission, admission status and conditions of admission (if any), catalog year and correspondence sent to student. This applies only to a student who is currently attending or once attended UAA.

BUDGET FORECAST – NEED SHEET

CARE TEAM (UAA Behavioral Intervention Team)

Information related to the Care Team's Coordination of services that are designed to support student needs through internal or community referrals, interventions, and follow up services related to mental health and wellness, relationship conflicts, personality and social adjustment issues, physical wellbeing, and advocacy.

FINANCIAL AID

Includes all general financial aid information.....

REGISTRATION

Includes current enrollment (including days, times and location of enrolled courses), dates of enrollment activity (including add/drop/withdrawal dates), enrollment status (full-time or part-time), residency status, semesters attended and mailing address information.

ALL ITEMS ABOVE

THIS AUTHORIZATION IS VALID UNTIL A WRITTEN REQUEST TO RESCIND IS RECEIVED BY UAA ENROLLMENT SERVICES.

REASON/PURPOSE OF THIS RELEASE IS:

Please show or include photocopy of government issued ID (if mailed). ID type: _____ Verified By: _____ Date: _____