

# Student Authorization for Release of Information

UNC Asheville OneStop Student Services . 253 University Hall CPO 1350 . One University Heights . Asheville NC 28804 . 828/350-4500

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)
AH	SA	FA	OT	_____	_____
				(name)	(relationship)
AH	SA	FA	OT	_____	_____
				(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)

I hereby revoke the authorization to release my personal information to the parties listed above.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

UNC Asheville Representative \_\_\_\_\_

Date \_\_\_\_\_

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

For Office Use Only

Student ID Verified \_\_\_\_\_  
(initials)

(date)

Entered in system \_\_\_\_\_  
(initials)

(date)

Rev. 06/2009