

The University of Akron
Office of the University Registrar
Hezzleton E. Simmons Hall
Akron, OH 44325-6208
Voice: 330-972-8300 ♦ Fax: 330-972-2140

**Authorization and Request
for
Release of Records and Information**

To: Record Custodians
The University of Akron
Akron, OH 44325

You are hereby authorized and instructed to disclose, make available, furnish and release the following information relating to or concerning me to the assignee(s) without my further consent:

Authorized Individual(s) Name(s): _____

Relationship to Student: _____

_____ Academic Grades/Records	_____ Enrollment	_____ Other Information (please specify):
_____ Financial Records	_____ Financial Aid Records	_____
_____ Housing/Campus Activity Information and Actions	_____ Disciplinary Proceedings and Outcomes	_____

This authorization shall be considered as a waiver of any and all my rights and/or privileges as provided under the Family Educational Rights and Privacy Act of 1974 (FERPA) and/or the Gramm-Leach-Bliley Act (GLBA).

A photocopy of the authorization shall be considered as valid as the original document.

Note to Student: To finalize the processing of your Authorization Request, YOU must deliver this form IN PERSON to the appropriate office along with photo identification. This form will not be accepted without proof of identification in order to ensure the protection of your information.

Date: _____ Name (please print) _____

Student ID Number: _____ Signature _____

Note to Offices: Copy to be sent to each area checked above by the office receiving original. Please retain copy in appropriate file.
Rec'd date: _____ Processed date: _____ Processor's initials: _____

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Dear student,

If, in the future, you wish to rescind your request to release records, you must return to the office where you submitted this form and sign below.

I hereby rescind my request to release information to the above named individual.

Date: _____ Signature _____