



PERMISSION TO RELEASE STUDENT RECORD INFORMATION

Student Information

First Name	Middle Name	Last Name	Birthdate	ASUN Student ID or SSN
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I authorize ASU-Newport to release the following education records and information:

_____ Student Academic Records

(To assist with academic planning)

_____ Student Account/Billing Records

(To assist with financial planning)

_____ Academic Advising/Instructor Records

(To assist with academic planning)

_____ Bookstore Records

(To assist with academic & financial planning)

_____ Financial Aid Records

(To assist with financial planning)

_____ Other

(List specific records here)

Identify the name, address, phone number, and birth date of the person or agency to whom you give permission to obtain records and conduct university business on your behalf below.

Release Student Records to: _____

Phone Number: _____

Address: _____

DOB (only for non-agency): _____

I understand that

- I have the right not to consent to the release of my education records;
- I have the right to receive a copy of such records upon request;
- **This consent will remain in effect until revoked by me, in writing, and delivered to ASU-Newport, but that any such revocation will not affect the information released under previous consent;**
- If I wish to make any changes to my consent for release, I will need to submit a new form.

Student Signature

Date