



THE AMERICAN
UNIVERSITY OF ROME

STUDENT FERPA RELEASE AUTHORIZATION

The Family Education Rights and Privacy Act of 1974 (FERPA) states that a student must authorize in writing the release of his/her educational records.

Please complete and sign this form to authorize release of your educational records.

Student Information: *must be completed by the student whose records are being released*

Last Name	First Name	Student ID	Student Email

Please check one or more of the boxes below to grant authorization to different types of student information

☐ **All records listed below;**

☐ **Finance:** tuition, fees and balance, tuition statements, financial holds, payments, past due amounts and collection and debt information

☐ **Financial Aid:** eligibility, awards, disbursements and any other financial aid information

☐ **Academic:** academic progress status, enrollment status, transcripts, grades received, courses taken, GPA, honors, transfer credits awarded,

☐ **Cancel:** Cancel previous release for the individual(s) listed below

Third Party Designee(s): *information of the person(s) to whom the information is being released*

Last Name	First Name	Email Address	Relationship

This authorization is valid until canceled. The student may cancel this release at any time by submitting another FERPA Release Authorization form to the AUR finance/admission/registrar/financial aid office.

I hereby authorize The American University of Rome's Financial Office, Admissions and Financial Aid Office and Registrar staff to release the indicated student information to the individual(s) listed above.

I understand the information may be released orally or in the form of copies of written records, as preferred by the requestor.

I understand that this form remains in effect until otherwise revoked by me.

Student Signature

Date

For office use only

ID type: _____ Verified by: _____ Date _____