

## AUTHORIZATION TO RELEASE INFORMATION FROM EDUCATION RECORDS

Please Print		
Student ID #:	Date of B	irth:
Name:		
Last	First	MI
providing certain information from you	ucational Rights and Privacy Act of 1974 (FERPA ur student records to a third party without you and other student record information. This re-	our permission, such as information on grades,
education record to the party listed bel third party. AWC does not automatical	ou are authorizing Arizona Western College ( ow. The specified information will be made a ly send information to a third party. Access to anges to the student record must be made at t	vailable only if requested by the authorized of this information does not give permission to
Please note that your authorization to any time by submitting a written reques		however, you may revoke the authorization at
Third Party Designee to Rece	ive Information:	
Name:	:	Date of Birth:
Address:		
Phone #:	email address:	
Other identifying information:		
Relation to student:		
D' . I C		
<b>Directory Information</b>		
status, certificates and/or degrees earne information. Any AWC employee may provide whether the request is in person, by pho The following directory information iterated discretion of the AWC Registrar, in the caddress, dates of attendance, city of residuals.	ms may appear in college directories and purcourse of College business: address, telephone dence, major field of study, awards, honors, purcharacteristics of athletes, including height	n College are considered directory nts in response to all inquiries in this regard, ablications and may be released, at the e number(s), date of birth, student e-mail
Student signature:		Date:
For Office Use Only:		
Received By:D	ate:Processed By:	Date:

