



**Authorization to Release Information  
to Parents, Designated Individual, or Spouse**

The purpose of the Educational Rights and Privacy Act of 1974 is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information contained in a student's college records.

Therefore, I \_\_\_\_\_ ID # \_\_\_\_\_  
                    First                    Middle                    Last

CB # \_\_\_\_\_ E-mail \_\_\_\_\_@augsborg.edu

Authorize Augsburg College Registrar Office, Student Accounts Office, Academic Advising, Academic Skills Office, Financial Aid Office, and my instructors to release information to:

\_\_\_\_\_  
First                    Middle                    Last                    Relationship to Student

\_\_\_\_\_  
Address  Phone Number

\_\_\_\_\_  
City                                    State                            Zip

\_\_\_\_\_  
First                    Middle                    Last                    Relationship to Student

\_\_\_\_\_  
Address  Phone Number

\_\_\_\_\_  
City                                    State                            Zip

I understand that this pertains to information regarding **ALL** of the following: **Accounts Receivable** (itemized charges and credits); **Financial Aid** (itemized charges, credits and refunds); **Registration Information** (academic information which may include but not limited to number of credit hours, courses dropped and added, and grades).

The above information will be released with my **FULL CONSENT**. I understand that this authorization remains in effect from today through my graduation or my withdrawal from Augsburg College. It will be necessary to send a written letter to revoke this authorization prior to the end date indicated above.

Please return completed form to the Enrollment Center/Registrar Office.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_