



UNIVERSITY of ALASKA SOUTHEAST

EDUCATION RECORD INFORMATION RELEASE

JUNEAU CAMPUS REGISTRAR'S OFFICE 11066 AUKE LAKE WAY JUNEAU, AK 99801 TEL: (907) 796-6100 FAX: (907) 796-6365 uas.registrar@alaska.edu	KETCHIKAN CAMPUS STUDENT SERVICES 2600 7TH AVE. KETCHIKAN, AK 99901 TEL: (907) 225-6177 FAX: (907) 225-3624 ketch.info@alaska.edu	SITKA CAMPUS STUDENT SERVICES 1332 SEWARD AVE. SITKA, AK 99835 TEL: (907) 747-6653 FAX: (800) 478-3552 sitka.registrations@uas.alaska.edu
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One form must be completed for each recipient

Requested by (Student):

Release to:

last name first name middle initial

last name first name middle initial

student ID#

relationship

date

address

I give permission to the University of Alaska Southeast to release the selected items below to the recipient listed.

city state zip



student signature

- STUDENT ACCOUNTS/CASHIER'S OFFICE**
Includes records related to a student's payment or billing summary.
- ADMISSIONS**
Includes records related to a student's admission status at UAS.
- ACADEMIC RECORDS**
Includes records related to a student's academic history.
- REGISTRATION**
Includes records related to current and past enrollment at UAS.
- STUDENT AFFAIRS RECORDS**
Includes records related to student housing and residence life files, student judicial files and conduct issues, organizational membership and participation, and behavioral health issues (to exclude counseling and health center files).

STUDENT PHOTO ID:

Please show government issued ID or include photocopy if mailed or emailed to the Registrar's Office.

This authorization is valid only for one academic year ending on August 15, 20__ or until a written request to rescind is received by UAS enrollment services (whichever occurs first)

Reason or purpose of this release is: _____

Office Use Only

ID type:

Verified by:

Date: