



STUDENT CONSENT FOR RELEASE OF NON-DIRECTORY INFORMATION

The University of Guam, in compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974, requires written consent of the student authorizing the disclosure of non-directory information from his or her record.

TO: Registrar
Admissions & Records Office
University of Guam
Field House, 1st Floor
303 University Drive, Mangilao, Guam 96913

FROM: Student No. _____

Student Name _____

Address _____

Telephone _____

Email _____

- Student Type: (check one)
- Degree-Seeking, Undergraduate (Bachelors)
 - Non-Degree, Undergraduate
 - Degree-Seeking, Graduate (Masters)

TYPE OF RELEASE (check one):

- One-time only release of student records.
 - This consent will remain in effect for ONE SEMESTER/TERM only: Fall _____ Spring _____ Summer _____
- I authorize full access to my student records.
 - This consent will remain in effect for ALL SEMESTERS/TERMS that I am enrolled at UOG unless revoked by me in writing.
- I wish to revoke the current release of information I have on record for the following person(s)/institution(s) - _____

STUDENT RECORDS TO BE RELEASED (check all that apply):

- Enrollment Record – registration and/or enrollment information
- Grade Report – final term grades and grade point averages (note: does not include official transcripts)
- Student Course Schedule – current class schedule
- All of the above
- Other (please specify) - _____

RELEASE RECORDS TO:

Person(s) - [specify name, date of birth, relationship] _____

Institution(s) - _____

REASON FOR RELEASE OF RECORDS:

- Family Communication
- Admission to an Education Institution
- Employment
- Other (please specify) - _____

I understand that the information specified on this form is being released to a third party at my request, with the understanding that this party will not release it to any other parties. University of Guam is hereby released from all legal responsibility of liability for the release of the above-referenced information.

Student Signature: _____

Date: _____

FOR REGISTRAR'S OFFICE USE ONLY

Photo Identification Verified By: _____

Date: _____

(AREC Staff: Print Name and Initial)

Rev 03/22/2017