UNIVERSITY OF GUAM
UNIBETSEDÅT GUÅHAN

Enrollment Management and Student Success
Office of Admissions and Records
303 University Drive, Mangilao, GU 96923-9000
Tel: 671-735-2201/02/04/06/10/11/14
Email: admitme@triton.uog.edu

Student Name	DOB (mm/dd/yy)	SSN or UOG ID No:
Phone Number(s):	Email Address:	
Authorization valid for:	Start Term:	

RELEASE OF INFORMATION

The University of Guam complies with the statutes and regulations of the Family Educational Rights and Privacy Act of 1974 pertaining to the confidentiality of a student's personal and academic records in its possession. See catalog for more information and notice.

The University of Guam is authorized under the provisions of the Family Educational Rights and Privacy Act of 1974 to release student directory information. Directory information includes the student's name, major field of study, participation in officially recognized activities and sports, dates of enrollment, honors and awards received, degrees completed, dates of degrees conferred, class level, and full-time/part-time status. The above-designated information is subject to release by the University of Guam at any time unless it has received prior written objections from the student specifying information, which the student requests not to be released.

Students wishing to restrict release of directory information must file a "Request to Prevent Disclosure of Directory Information" form at the Office of Admissions and Records. This form must be filed within two weeks after the first day of instruction of the regular semester and within one week after the first day of instruction of the summer session. The notification to prevent disclosure of directory information is effective only for the one term from which the student is registered.

=====Optional====

I authorize the following individual(s) full access to my student records, to include but not limited to, transcript requests, grades, enrollment certification, and registration. I understand that I may cancel this authorization at any time.

THIS AUTHORIZATION REQUEST WILL REMAIN IN EFFECT FOR THIS TERM AND MUST BE RENEWED EVERY TERM FOR WHICH THE STUDENT IS CURRENTLY ENROLLED.

Name (please print)	Relationship	Date of Birth

I certify that the statements I have made in my admissions application are true and correct. I understand that any false information found to have been willfully given by me herein or in any supporting document should be cause for rejection of my application or for my immediate dismissal.

_____ _____

Applicant's Signature Date