

Authorization for Release of Information

Registration, Residency & Transcripts · Administration Building, Room 210



THE UNIVERSITY OF ARIZONA

Office of the Registrar

Student ID Number

Net ID

Date

Last Name

First Name

MI

Registration, Residency & Transcripts
PO Box 210066
Tucson, AZ 85721-0066
(520) 621-3113 reghelp@arizona.edu
<https://www.registrar.arizona.edu>

Download form with Adobe Reader for PDF fillable option.

For Processing: return form to the Administration Building, Room 210 in person or to reghelp@arizona.edu through your official UA email account **ONLY**. Positive service indicator will be applied on Student Center to indicate that this authorization is on file with the Office of Registrar.

CHECK ONE:

- Consent for FULL ACCESS to Educational Records:** (Full access does not give authority to make changes to the student's educational record.)
- Consent for LIMITED ACCESS to Educational Records:** (Limited access does not give authority to make changes to the student's educational record.)
- Only my University of Arizona transcript.
- The following specific information or records:

Provide full name and address of agent (individual (s) or agency) to whom access to records may be provided:

Provide security word or number to be used by agent for ID purposes:

VALID FOR:

- One Time Use: This authorization can be used only once.
- Limited Use: This authorization expires on _____
- Long Term Use: This authorization will remain continuously in effect until I withdraw this authorization in writing or for a maximum of five years from the date on this form.

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the University office or person who maintains the records of this authorization. This authorization is good for five years from the date I sign this release, unless noted differently above, and photocopies of this release form may be accepted, when presented in person with appropriate identification. The person and or agency receiving this information may not disclose the information received as a result of this disclosure.

X _____

Student's Signature

_____ Date

Rev: 10/2020

For Registrar Office Use Only Processed By: _____ Date: _____ Comments: _____