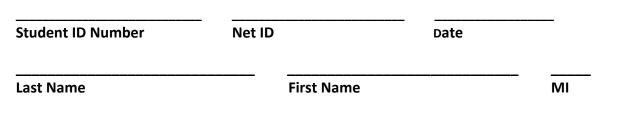
Authorization for Release of Information

Registration, Residency & Transcripts · Administration Building, Room 210





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:	Provide full name and address of agent (individu	al (s) or agency) to whom access
Consent for FULL ACCESS to Educational Records: (Full access does not give authority to make changes to the student's educational record.)	to records may be provided:	
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:	7.	
	Provide security word or number to be used by agent for ID	purposes:
	I understand that some of my records may be protected. Rights and Privacy Act of 1974 and cannot be released. I hereby waive all provisions of the law and privilege real this disclosure. I certify that this consent has been give	without my written consent. Plating to the records described in
VALID FOR:	voke this consent at any time by providing written not	ice of such revocation to the Univer-
One Time Use: This authorization can be used only once.	sity office or person who maintains the records of this good for five years from the date I sign this release, un	less noted differently above, and
Limited Use: This authorization expires on	photocopies of this release form may be accepted, wh priate identification. The person and or agency receiving	
☐ Long Term Use: This authorization will remain continuously in effect until I	the information received as a result of this disclosure.	
withdraw this authorization in writing or for a maximum of five years from	X	
the date on this form.	Student's Signature	Date

Rev: 10/2020

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