

You have reached a form and process that has been updated

Release of Information (FERPA)

Authorization requests are now made exclusively in your UAccess Student Center. **You can use this link** and go directly to the new eForm.

Students can designate the level of record access that can be released to appropriate parties in UAccess Student Center. Students can grant the level of access, the named parties who have access, and the length of time for which the access is available. **Note that this authorization does not allow for anyone to make changes to student educational records.**

Authorization for Release of Information
Registration, Residency & Transcripts · Administration Building, Room 210

THE UNIVERSITY OF ARIZONA
Office of the Registrar

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 on record: _____

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: _____

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.

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.

Rev: 10/2020
For Registrar Office Use Only Processed By: _____ Date: _____ Comments: _____

Student's Signature _____ Date _____

For information and direction on how to authorize a person to view your education record, use this [Release of Information \(FERPA\) Authorization Tutorial PDF](#) or visit the Office of the Registrar website: <https://registrar.arizona.edu/privacy-ferpa/student-parent-information>.

For more information on the transition of fillable .pdf forms to electronic forms please visit [the SURPASS eForms project page](#).