



### Authorization to Release Education Records

**Please type or print.**

Student's Full Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Student's Permanent Address \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip*

Student's Email Address \_\_\_\_\_ Student's Phone # \_\_\_\_\_

I, \_\_\_\_\_, hereby waive my privacy rights (pursuant to the Family Education Rights and Privacy Act of 1974), and authorize the Auburn University Office of Affirmative Action/Equal Employment Opportunity to release and/or discuss information regarding the following:

- Any and all of my education records.  
Only my records associated with the following incident:

\_\_\_\_\_  
\_\_\_\_\_

- All of the following information/records:

\_\_\_\_\_  
\_\_\_\_\_

- Such information may be released and/or discussed with the following:

1. \_\_\_\_\_  
*Name/Organization Relationship (if applicable) Phone Number Email*

\_\_\_\_\_  
*Street City State Zip*

2. \_\_\_\_\_  
*Name/Organization Relationship (if applicable) Phone Number Email*

\_\_\_\_\_  
*Street City State Zip*

3. \_\_\_\_\_  
*Name/Organization Relationship (if applicable) Phone Number Email*

\_\_\_\_\_  
*Street City State Zip*

This waiver shall be considered valid for one calendar year from the day noted by my signature below.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*