



RELEASE OF STUDENT INFORMATION

This form may be used by either the student or their parents to authorize the Registrar's Office to release the student's transcript, grade information or Financial Aid information to a designated third party. If initiated by the parent/guardian, complete section I. If initiated by the student, complete section II. Photocopied or faxed signatures are not acceptable. (This must be signed in the presence of a Registrar's/Financial Aid Office official or Notary Public).

Student Name (Last, First, MI)	Student ID (A#)	Date of Birth
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I. PARENT/GUARDIAN INITIATED SECTION

I certify that the student listed above is currently dependent on me and has been claimed by me (as a parent or guardian) for a federal tax exemption for tax year (indicate year) 20_____. I request that a copy of their Utah State University transcript or semester grades be made available to me upon request or that I may obtain other information about the specified student's academic record and Financial Aid records from a university official (i.e. advisor) upon providing proof of identification.

(This must be signed in the presence of a Registrar's Office/Financial Aid official or Notary Public).

Parent/Guardian Signature	Printed name	Date	Date of Birth MMDDYY
Parent/Guardian Signature	Printed name	Date	Date of Birth MMDDYY

GUIDELINES

- ◆ This authorization will be limited to the tax year indicated above. A new request will be required each academic year to renew access to the student's academic record. (Must be updated annually).
- ◆ Grades/transcripts can be obtained via the Student Records System (ACCESS). <http://www.usu.edu/registrar/records> for more info.
- ◆ A student has the legal authority to notify the Registrar's Office that he/she is no longer your dependent for federal income tax purposes. Once this notification is on file, the academic information will no longer be released to a third party without a new Release of Student Information on record.
- ◆ Please mail or present this form in person to the addresses listed at the bottom of this form. (Original forms accepted only).

II. IF INITIATED BY STUDENT, COMPLETE THE FOLLOWING SECTION

I hereby authorize the following individuals access to my Utah State University Academic and Financial Aid information upon request:

Name(s) of Person(s) to be Given Access	Relationship to Student	Date of Birth (MM/DD/YY)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that this will be effective until you notify the Registrar's Office that you will no longer wish to have your information released.

Student Signature (This must be signed in the presence of a Registrar's/Financial Aid Office official or Notary Public).	Date
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III. NOTARY PUBLIC

State of _____

County of _____

Subscribed and sworn before me this _____ day of _____, 20_____,
by _____.

Seal

Notary Public

My Commission Expires _____

- | | | |
|---|---------------------|-------------|
| <input type="checkbox"/> Parent/Guardian identity verified | Received by: _____ | Date: _____ |
| <input type="checkbox"/> Student identity verified (if appropriate) | Processed by: _____ | Date: _____ |
| <input type="checkbox"/> Confidentiality (SGASTDN) form updated | | |