

Institute of American Indian Arts

2018-2019 AUTHORIZATION TO RELEASE INFORMATION

In accordance with the Family Education Rights and Privacy Act (a.k.a. the Buckley Amendment), which requires that colleges and universities protect the privacy of student records, it is the Institute of American Indian Arts policy NOT to release certain information to anyone other than the student, unless the student has given us express permission to do so. Please note that this limitation includes PARENTS and SPOUSES. If you would like anyone other than yourself to have access to your information, please complete this form and return it to the Registrar’s Office. Check the boxes below to indicate which type(s) of information you authorize to be released. (Note: if NO boxes are checked, we will assume that ALL categories of information can be released to the persons listed on this form).

I, the undersigned, authorize the Institute of American Indian Arts to release any information from the categories checked below to the person(s) I designate on this form. I understand that I must complete a new Authorization to Release Information each year that I am enrolled at IAIA. I understand that if I do not check ANY of the boxes below, that I am authorizing IAIA to release information from ALL categories listed here:

- Student Accounts (billing information, charges, etc.)
- Financial Aid
- Academic Records (note: grade information will NOT be given out over the phone to ANYONE.) *Registrar*
- Class Schedule *Registrar/Advisor*
- Academic Probation/Suspension Information *Registrar*
- Disciplinary Action Information *Student Life*
- Tutoring *Student Success Center*
- Housing Information *Residential Life*
- Office of Critical Skills & Disabilities *Student Success Center*
- Advising *Student Success Center/Advisor*

If you do not complete this form or if you do not want any information released to anyone (FERPA Hold), information will not be released to anyone other than yourself. Please check the box below:

- FERPA Hold – Release no information

STUDENT ID #: _____

STUDENT NAME (Printed): _____

STUDENT SIGNATURE DATE

Release information to the following:

NAME(#1): _____

LAST 4 DIGITS OF SSN: _____ RELATIONSHIP TO STUDENT: _____
(Required - used for verification purposes)

NAME(#2): _____

LAST 4 DIGITS OF SSN: _____ RELATIONSHIP TO STUDENT: _____
(Required - used for verification purposes)

If additional spaces needed, please attach another sheet and provide above information.