

North Dakota University System  
FERPA Release Form  
2004-2005

I, \_\_\_\_\_ the undersigned, hereby authorize the  
(Please print full name)  
below named member institution of the North Dakota University System to release  
the following educational records upon request:

\_\_\_\_\_  
(NDUS Institution)

Check all that apply:

\_\_\_\_\_ All financial records (these records include, but are not limited to, Financial Aid, Business Office, Residence Life, Dining Services, Activity Card Charges, Bookstore Charges, and Student Health Services Charges)

\_\_\_\_\_ Academic record/transcripts (If a transcript is to be sent to an address other than that on file at the above named institution, a written request must be signed by the student or other party to whom student has permitted release of such records).

\_\_\_\_\_ Other (please specify): \_\_\_\_\_

Name of individual(s) I wish to release information to:  
(PLEASE PRINT)

1. \_\_\_\_\_  
Last Name First Middle

2. \_\_\_\_\_  
Last Name First Middle

I acknowledge by my signature that I understand although I am not required to release my records to these individual(s), I am giving my consent to release the information. I understand that this release remains in effect **from the date it is received by the institution through ????????????, 2005**, unless I revoke such consent in writing and the revocation is delivered to the institution. I also understand that if I am under 18 years of age, or a dependent for tax purposes, the institution may disclose such information to parents and legal guardians regardless of my consent.

\_\_\_\_\_  
Signature of Student Date SSN or EMPLID

\_\_\_\_\_  
Signature of Parent or Guardian (Only if student is under 18 years of age)