



**FERPA Release Form**  
**The Family Educational Rights and Privacy Act**

Business Office  
 Fax (907) 474-5898

Financial Aid  
 Fax (907) 474-7065

Registrar  
 Fax (907) 474-7097  
 PO Box 757495  
 Fairbanks, AK 99775

**COMPLETED**

\_\_\_\_\_  
 LAST FIRST MI UA ID No. \_\_\_\_\_  
 Mailing Address: Cell Phone #: \_\_\_\_\_  
 Street & No. or PO Box: \_\_\_\_\_ Email: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

This authorization is valid until canceled. This student may cancel this release at any time by submitting another FERPA form to the UAF Registrar.

**I give permission for the University of Alaska Fairbanks to release selected items below to the recipient listed for the purpose of Kawerak Tuition Assistance Program.**



\_\_\_\_\_  
 Student Signature Date

**AUTHORIZATION TO RELEASE EDUCATION INFORMATION**

- ALL RECORDS**
- Accounting** – Includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, collections information and debt information.
- Admission** – Includes date of application, program selected, documents received, documents pending, date of admission, admission status and conditions of admission.
- Registration** – Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.
- Academic Records** – Includes courses taken, grades received, GPA, academic progress, honors, transfer credit award and degrees awarded.
- Financial Aid** – Includes all general financial aid information.

**PLEASE PRINT CLEARLY**

(P = Parent, G = Guardian, S = Spouse, O = Other)

- Release to  Cancel Kawerak, Inc. Relationship (Circle One): P G S   
 Name
- Release to  Cancel \_\_\_\_\_ Relationship (Circle One): P G S O  
 Name
- Release to  Cancel \_\_\_\_\_ Relationship (Circle One): P G S O  
 Name
- Release to  Cancel \_\_\_\_\_ Relationship (Circle One): P G S O  
 Name

<b>PICTURE ID IS REQUIRED WITH THIS FORM</b> If mailed or faxed, an enlarged photocopy of ID with a signature is required	Verified by:	Date:
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