



OFFICE OF THE REGISTRAR

9980 Carroll Canyon Road, San Diego, CA 92131 • (858) 642-8260 • fax (858) 642-8721 • www.nu.edu

RELEASE OF STUDENT RECORDS

I, _____, Student ID# _____, authorize

National University to release information concerning the following student records:

any and all records

academic records: grades, transcripts, admissions records, course schedule, etc.)

financial aid records

student account records

other records (specify): _____

to _____, and for the purpose of _____

and I further authorize National University representatives to discuss those student records with the above named designee(s). I will not hold National University liable under the Family Educational Rights and Privacy Act (FERPA) for releasing my student records to the above named designee(s). This release will be placed in my record and will be in effect until I notify National University, in writing, of any change.

Password assigned: _____

Dated: _____

X

(Student signature)

(Printed name of student)

Send signed form to:

The Office of the Registrar
NATIONAL UNIVERSITY
9980 Carroll Canyon Road
San Diego, CA 92131