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