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: ___________ __________________________________________

(Student signature)

(Printed name of student)

Send signed form to:
The Office of the Registrar
NATIONAL UNIVERSITY
11355 North Torrey Pines Road
La Jolla, CA 92037-1011