

Auburn University Graduate School

Student Authorization to Release Educational Records

The Family Rights & Privacy Act (FERPA) bars the release of educational records to parents, guardians, or third parties without the written consent of the student.

Student's Full Name: (please print) _____

Student Number/User ID: _____ Last Term Attended: _____

Date of Birth: _____ Other Names under which records may be located: _____

Current Email Address and Phone: _____

Item(s) to be released: (please specify in detail)

1) TEST SCORES: GRE _____ GMAT _____ TOEFL _____

2) TRANSCRIPT(S): (from schools other than Auburn University – official AU Transcripts should be ordered through the registrar's office) _____

Where item(s) should be sent: (use back of form if additional space is needed) _____

Reason for Release of Records: _____

I have a submission deadline of _____.

I hereby give my consent and grant authorization to the Auburn University Graduate School to release the records specified above to the party or parties identified above.

Signature

Date

A COPY OF AN OFFICIAL IDENTIFICATION CARD (WITH PHOTOGRAPH OF THE STUDENT) IS REQUIRED AT THE TIME OF THE REQUEST.

Request will be processed within 10-15 working days.

Please submit form by mail, e-mail, fax, or in person to:

Graduate School
106 Hargis Hall
Auburn University, AL 36849
334-844-4348 (Fax)
gradadm@auburn.edu