



# CONSENT TO RELEASE STUDENT RECORDS

## DIRECTIONS

To protect the privacy and identity of AUN students as required by law and university policy, this form must be filled out and signed by individual students in order to release any part of their student record to third parties. The consent so granted will remain valid for the duration of study at AUN (or until the student revokes consent by writing to the Registrar). The authorization is valid only for the third party stated on this form.

Return completed form to the Registrar's Office (AS 201) and keep a copy for personal records

## STUDENT INFORMATION

First Name \_\_\_\_\_ Middle name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

ID Number A000 \_\_\_\_\_ AUN E-mail \_\_\_\_\_@aun.edu.ng

Mobile Numbers i \_\_\_\_\_ ii. \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF STUDENT RECORDS TO:

First Name \_\_\_\_\_ Middle name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mobile Numbers i \_\_\_\_\_ ii. \_\_\_\_\_

Relationship to Student \_\_\_\_\_

I (*Name of the student in full*) \_\_\_\_\_ hereby authorize the American University of Nigeria to release confidential information about me contained in the College's records. I agree to hold the university and its employees harmless for any unauthorized use of my student records obtained by the above named party.

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

### OFFICE USE ONLY

Changes recorded by Registrar's Office: Name \_\_\_\_\_ Date \_\_\_\_\_