

STUDENT AUTHORIZATION TO RELEASE  
EDUCATION RECORD INFORMATION

AA/REG 137

**Carefully read this statement regarding the release of student information:** the purpose of this form is to protect the privacy of information concerning individual students by placing restrictions on the disclosure of information contained in a student's individual record. In order for the University to release records and information related to a student, a signed authorization must be on file with Al Akhawayn University in Ifrane (AUI).

**Student Full Name:** \_\_\_\_\_

**ID N°:** \_\_\_\_\_

I, the undersigned, hereby authorize the administration of the Office of the Registrar at Al Akhawayn University in Ifrane to disclose personally identifiable information from my educational records (please check the box or boxes that apply) requested throughout or after attending AUI:

- Academic Records (grades, schedule, test scores, etc.)
- Financial Aid Information
- Honors, probation and/or disciplinary information
- Account Information (payments made, refunds processed, tuition amounts, etc.)
- Others (please specify):

**This information may be released to:**

- Legally authorized persons (please specify the name):
- AUI Administration
- Agencies administering financial aid and/or scholarship grants which the student holds or has applied for
- Educational Institutions the student has applied to
- Education credentials verification organizations

**I understand that:**

- ✓ this authorization to release information will remain in effect until I revoke it in writing;
- ✓ this is a standing consent and will not result in a release of information unless requested by the recipient listed above; and
- ✓ this is not a transcript or enrollment certificate request form. (To release your transcript, complete a transcript request form. For a certificate of enrollment, submit a certificate of enrollment request form).

**Special Note to Recipient of the Education Record:**

Please be advised that the recipient of records under this authorization may not re-disclose information from education records without the prior written consent of the student.

**I do not authorize any of the above.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_