



Undergraduate Academic Affairs  
 College of Humanities and Social Sciences  
 College of Science  
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Mr/Ms: \_\_\_\_\_ G# \_\_\_\_\_

I, \_\_\_\_\_ fully authorize the Undergraduate Academic Affairs Office

to discuss my academic record and standing with \_\_\_\_\_,

name

relationship to the above

\_\_\_\_\_,

name

relationship to the above

I attest my signature and understand this authorization relates only to my current request for \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness (either an Associate/Assistant Dean, member of the CHSS/COS UAA staff or a Notary Public [Please use Seal])

\_\_\_\_\_  
 Date