

OFFICE OF THE REGISTRAR
HIGH POINT UNIVERSITY
833 MONTLIEU AVENUE
HIGH POINT, NC 27262
(336) 841-9205

Authorization to Disclose Academic Information

NOTE: According to federal law, this authorization is effective only for the **current** academic year. To remain in effect, this authorization must be renewed each year a student is enrolled at HPU.

I hereby authorize High Point University to release my academic records for the _____ academic year, to my parent(s), or other named individuals or entities. **If you authorize both parents to have access to your academic records, please list them both in the spaces provided.** (Please note that this is **NOT** a transcript release form. Requests for transcripts must be submitted in writing to the Registrar.)

LAST NAME FIRST NAME

LAST NAME FIRST NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

If the person(s) named above are not your parent(s), how are they related to you?

What education records do you wish to release:

The released reports will be used for the purpose of:

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the persons specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent or as permitted by law.

DATE

STUDENT NAME

STUDENT ID NUMBER

STUDENT SIGNATURE

PLEASE RETURN THIS COMPLETED FORM TO THE OFFICE OF THE REGISTRAR, ROBERTS HALL ROOM 209