PARTNERS ACHIEVING STUDENT SUCCESS

STUDENT RELEASE OF CONFIDENTIAL INFORMATION

Students may authorize the release of confidential academic information to a third party by completing this form and returning it to the address listed below.

Student's Name

Student's Cell number

Student's NUID# (optional)

Person(s) authorized to receive or request information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email address (preferred)</td>
<td>Email address (preferred)</td>
</tr>
<tr>
<td>Mailing address (optional)</td>
<td>Mailing address (if different from address already provided)</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Telephone number</td>
<td></td>
</tr>
</tbody>
</table>

I authorize the release of confidential ACADEMIC information including grades, attendance and Early Warning Referrals to the person named above. This release does not apply to other information (counseling, health, financial or disciplinary) protected by the Family Educational Rights and Privacy Act (FERPA).

The P.A.S.S. program is available to first year freshmen only. Authorization is valid until August 1, 2019, as long as the student is enrolled at the University of Nebraska at Kearney, or until cancelled in writing by the student prior to that time.

_____________________________  ______________________________
Student's Signature                    Date

University of Nebraska Kearney

OFFICE OF ACADEMIC AND CAREER SERVICES

Memorial Student Affairs Building 140
Kearney, NE 68849
308-865-8501
rundstromal@unk.edu