## 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 NUID# (optional)  tion:  Name  Email address
Name
Email address
Address (if different)
City State Zip
Phone

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, 2018**, 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

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