



This is not a transcript request form.

To order a University of Northwestern – St. Paul transcript, go to unwsp.edu/transcript

Legal Name	Student ID	Date

Explanation: University of Northwestern – St. Paul maintains confidentiality of student educational records in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974 as amended. As of the first day of classes, your educational records belong to you, the student, and not your parents (as during your K-12 years), spouse, or others. By filling out and signing this release and submitting the form to the Registrar’s Office, you are giving Northwestern school officials the right to communicate with the person(s) you designate below (which can include yourself) about your educational records as indicated below. The specified educational records will be made available only if requested by the authorized individual/third party, as Northwestern does not automatically send identified information. You may revoke this permission for any designated individual/third party at any time by completing the bottom portion of the form.

By signing this consent, I, the student, expressly authorize University of Northwestern – St. Paul, including its agents or employees, to release my educational record information indicated below to the party listed below. I agree to release, discharge, and hold harmless University of Northwestern – St. Paul from any and all liability whatsoever arising out of its release or use of information pursuant to this release regardless of its accuracy. I understand that this authorization has no expiration date, but may be revoked in writing by me at any time except to the extent that action has been taken in reliance upon it. A photocopy of this authorization and release shall have the same force and effect as the original hereof digitally or physically signed by me. I further acknowledge that I have carefully read this release, fully understand its terms and legal significance, and execute it voluntarily.

Select One* Release Information Remove Authorization

Release Information to/Remove Authorization from:* (Name of individual, company, school, organization, etc.)

Password: (Provide a password that you will give to the above named party if this party will be contacting UNW to request information. Anyone contacting UNW will be required to provide the password before information can be released.)*

Name(s) of UNW faculty/staff, if applicable, who will release the information to the above identified party (optional):

Please release information regarding: (check all that apply)*

- Grades
- GPA
- Academic Standing (i.e. Good Standing, Probation, Suspension)
- All Academic Records
- Other

I request that this information be released for the following purpose(s):*

- Provide specified information to identified party
- Employment opportunity
- Missions opportunity
- Continuing education
- Letter of recommendation
- Other

I authorize University of Northwestern – St. Paul school officials to release and/or communicate my educational records with the above individual/third party. I understand that this individual/third party must identify themselves to Northwestern by use of the password, which I have given them and that I am responsible for keeping it secure.

Student Signature: _____ Date: _____