The University of Alabama in Huntsville

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

To:	, Records Official		
From:		, Student	Student ID #
			at The University of Alabama in following information and/or materials
Release to: (Please Print)			
Name			
Title			
Address			
For the following reason: ———————————————————————————————————	 Application o Employment Other (Must s 		her education institution
Provide a copy to me:	Yes	No	
Signature:	Student		Date:
Information transmitted per	request:	Cop	by provided to student:
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		Ву	
Name of Record Custodian		-	

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