

The University of Akron
Office of the University Registrar
Hezzleton E. Simmons Hall
Akron, OH 44325-6208
Voice: 330-972-8300 Fax: 330-972-6097

To: Record Custodians
The University of Akron
Akron, OH 44325

You are hereby authorized and instructed to disclose, make available, furnish and release the following information relating to or concerning me to the assignee(s) without my further consent:

Authorized Individual(s) Name(s): _____

Relationship to Student: _____

_____ Academic Grades/Records	_____ Enrollment	_____ Academic Advising
_____ Financial Records	_____ Financial Aid Records	_____ Other Information (please specify):
_____ Housing/Campus Activity Information and Actions	_____ Disciplinary Proceedings and Outcomes	_____

The information on this form must be updated annually. This authorization shall be considered as a