Student Information Release Form

It is the policy of the American University of Kurdistan (AUK) not to disclose students’ information to third parties unless the student provides consent to disclose or as otherwise permitted by law. This form serves as the method in which a student provides that consent.

*Student First and Last Name Student Identification Number*

**Education records to be released** *[Check all that apply]*

* Admissions Application
* Student Accounts Records
* AUK Transcript
* Official Academic Advisement Report
* Financial Aid Records
* Other (*Specify to the extent possible*):

**The purpose for which the above records are to be released** *[Check all that apply]*

* Employment matters (includingbut not limited to a background check or job reference)
* Legal matters
* Parental access to child’s education records
* Other:

**Recipient of selected Education Records** *[Please print]*

\*This release does not permit the disclosure of the identified records to any other persons or entities without my written consent or as permitted by law.

Recipient First and Last Name:

Preferred Contact Information for Recipient:

**Release authorization period** *[Select one of the following]*

* One-time Release
* Effective from the date this form was signed until *(Day/Month/Year)*

**By signing below, I hereby authorize the American University of Kurdistan to release my above referenced information to the identified recipient for the period specified above. I understand this decision may be revoked at any time by submitting a request in writing to the Admissions and Registration Department. Furthermore, I affirm that I am the individual named on this form and that I am entitled under AUK policy to provide consent to the disclosure detailed above.**

Student Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_