

# UNIVERSITY OF LA VERNE

## AUTHORIZATION FOR ACCESS TO STUDENT RECORDS

I understand that under the provisions of the Federal Privacy Act of 1974, as amended, my university records will not be released without my approval. I hereby authorize the University of La Verne Enrollment Offices, inclusive of the Offices of Registrar, Financial Aid, Student Accounts and/or my Academic Advisor or the Academic Advising Office to release information regarding academic progress, grade reports, and/or financial information as checked below to the person(s) named under the "Authorized Party" section below. This consent remains in effect until otherwise rescinded with the Office of Academic Advising and Retention Services.

### STUDENT INFORMATION

Student Name \_\_\_\_\_

ULV I.D. Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Cell or Alternate) \_\_\_\_\_

### AUTHORIZED PARTY FOR RELEASE OF INFORMATION

I hereby provide permission for ULV to release my records as student above to:

Name 1 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Name 2 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to Student \_\_\_\_\_

**Purpose:**     Academic     Class Progress     Student Accounts     Other \_\_\_\_\_

Please Note: Signing this form does **not** provide authorization access to anyone for transactions relating to the student's financial aid. Please contact the Financial Aid office for more information.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Please return form to:**

**ATTN: LA VERNE ONLINE  
UNIVERSITY OF LA VERNE  
1950 THIRD STREET  
LA VERNE, CA 91750**