

Release of Information (FERPA) Authorization Request

Follow this tutorial to grant a person or persons access to select education records for up to five years.

FERPA Student & Parent Information





- You can access the Release of Information (FERPA) Authorization request page through your <u>UAccess</u> <u>Student Center</u>.
- Navigate to the Quick Links section on the homepage of UAccess and select Forms.

Step 2 *Release of Information (FERPA) Authorization*

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• Select Release of Info (FERPA) Auth within the Personal Information section of the page.

Step 3 *Release of Information (FERPA) Authorization*

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• To grant full access to your education records, select Consent for Full Access to Education Records.

Note: This authorization does not allow anyone to take action on your behalf. You may grant <u>Guest Center</u> access to individuals who need access to information in your Student Center account.

Step 3 *Release of Information (FERPA) Authorization*

Authorization Deta	lls					
	e provided for full access to your educ nation you are authorizing for release I		ay provide authorizatio	n for limited access. If	providing limited acc	ess, you can
Consent for Full	Access to Education Records	_				
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The following spec	lfic Information or records					
	and address of the individual(s) to wh					lh.
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- If you wish to grant limited access to your records, either select Consent for Limited Access to University Records and fill out the box labeled The following specific information or records.
- Or select Only my University of Arizona transcript.

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e security word or number to be used by individual(s) for ID	FL	Florida	Select
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- Enter the name and address of the person or agency to whom you wish to grant access.
- To input the State, enter its abbreviation or select the magnifying glass icon next to the State field and select or search for the appropriate state or US territory using the Description field. If the address is not within the USA, select FC – Foreign Country.

Step 5 *Release of Information (FERPA) Authorization*

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• Input the security word or number the individual(s) will use to confirm that they have your consent.

Length of Authorization

Select the appropriate time frame for the length of the authorization.

MM/DD/YYYY

The authorization will remain continuously in effect for the specified time frame or until you withdraw this authorization in writing via reghelp@arizona.edu.

崮

This authorization expires on *



- You can grant someone access for up to five years.
- Select the calendar icon next to This authorization expires on and select your desired expiration date for this authorization.

Form Action Items		
1 row		
Acknowledgemen	t	
	I confirm by submitting this authorization that I waive all provisions of the law and privilege relating to the records described in this disclosure for the specified individual(s) listed above and that this consent has been given freely and voluntarily.	
Comments		~
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- When you're ready to submit your request, select the **Acknowledgment** button and then click **Submit**.
- This authorization should take place immediately. If the person(s) to whom you've granted access is experiencing difficulty or you wish to update this permission, contact <u>reghelp@arizona.edu</u>.



We hope you found this tutorial helpful!

If you need additional support, please contact us at:

reghelp@arizona.edu

520-621-3113



For more information, visit our website: https://www.registrar.arizona.edu/

