

Authorization for Disclosure of Non-Directory Information

Student Name: _____
First Middle Last

Student ID: _____

SNHU email address _____@snhu.edu

I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 (FERPA) and authorize faculty, staff, and/or representatives of Southern New Hampshire University to disclose my education records to the specific individual(s) or organizations indicated below.

To safeguard your information, designee(s) must provide at least 3 of the following regarding your account:

- Student ID
- Advisor's name
- Academic program
- First term of enrollment at SNHU
- Home email address
- Name of the high school from which you graduated.

Release to Individual (Parent, Guardian, Spouse, etc.):

_____	_____	_____
First Name	Last Name	Relationship
_____	_____	_____
First Name	Last Name	Relationship

Release to Employer/Organization/School:

RECORDS DEPOSITION SERVICE

Name of Employer/Organization/School

PO BOX 5054	SOUTHFIELD MI	48086
Address	City	State Zip

Information to be released: Check all that apply

- | | |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Academic Records | <input type="checkbox"/> GPA |
| <input type="checkbox"/> Financial Records | <input type="checkbox"/> Immigration Information |
| <input type="checkbox"/> Grades | <input checked="" type="checkbox"/> Other SEE ATTACHED LETTER REQUEST |
| <input type="checkbox"/> Employer Reimbursement (includes academic and financial records) | |

Student Signature: _____ Date: _____

To revoke this authorization please email registrar@snhu.edu.