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NAVAJO TECHNICAL UNIVERSITY

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CONSENT FOR RELEASE/DISCLOSURE

Date:

To:

From:

I

Request Authorize

Name of Student

NTU ID Number

Name of Person/Organization to release information

To disclose: All Academic Records

Grades/Transcript

Financial Aid Records

Attendance

Schedule

Address and Phone Number

Other:

For the Purpose of:

Effective Date of Consent:

Date Consent Expires:

I understand that my records are protected under the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation or parole) and that in any event this consent expires automatically as described above.

Student's Signature:

Date: