American University in Bulgaria

STUDENT CONSENT TO RELEASE ACADEMIC INFORMATION

In compliance with the Family Educational Rights and Privacy Act (FERPA), the American University will not release student academic information to parents, spouse, or others, unless written permission is given by the student.

Student Name:

_____

Student ID#:_____ Student Date of Birth:_____

By signing below, I authorize the Registrars' office at the American University in Bulgaria to release the following academic information:

□ Grades
□GPA
□Course Schedule
□Academic Status
□Academic Standing
□Disciplinary Actions

*The University **may** share academic records with your parents if you are under 18 years old, regardless of permissions granted in this form.*

Parent(s), spouse or others that you wish to grant permission to:

Name:_____ Address: _____

Name:_____ Address: _____

Name:_____ Address: _____

This authorization will remain in effect until it is revoked in writing.

Student Signature:_____ Date:_____

Registrar's Office, Tel: +359 73 888221, 888223, 888230; Fax: +359 73 888158; Email: registrar@aubg.bg