

Office of the Registrar

2500 North River Road | Manchester, NH 03106-1045 | Phone: 603.668.2211 | Fax: 603.629.4647

Student's Authorization for Disclosure of Non-Directory Information

(Please print)

Student Authorizing Release: _____
First Middle Last

Student ID or SS#: _____ Date of Birth: _____

Expiration Date of Authorization: _____

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

Full Name(s): _____ / Relationship
_____ / Relationship
_____ / Relationship
_____ / Relationship

Purpose for disclosure: Check all that apply

- Financial records
Academic records
Social/Disciplinary records
Other _____

By signing this form I understand that I am giving permission to the Southern New Hampshire University representatives to release non-directory information to non-institutional individuals or organizations.

Student Signature: _____ Date: _____