

Semester:  Fall  Spring  Summer

Year: 20\_\_\_\_\_

# Norwich University

## FERPA Release Form

### Permission to Release Education Record Information

I \_\_\_\_\_ give permission to Norwich  
University to release my \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_  
for (purpose) \_\_\_\_\_.

### This release form is good for One Academic Semester or Term

Print your Name: \_\_\_\_\_

Your ID Number: A00\_\_\_\_\_

NU mailbox number: \_\_\_\_\_

Your phone number at school: \_\_\_\_\_ NU email: \_\_\_\_\_

**Processed by: Initials**

**I have read and understand the information that I am releasing.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*